## Renewing a Haz Waste Transporter License External Procedure

## Overview

Transporters of Hazardous Waste, including waste oil, combustible liquids, corrosives, poisons/ toxins, flammable liquids, flammable solids, PCB's and infectious waste - must obtain a Hazardous Waste Transporter License. The license issued is valid for one year and helps ensure environmental protection through proper disposal of waste.

## Process

 Access MoDOT Carrier Express (MCE) through the log in page located at www.modot.org/mce. Enter the user id and password assigned to you by Motor Carrier Services and click log in.

| Sign in to begin using MoDOT Carrier Express.   | Welcome to MoDOT Carrier Express   |
|---|--|
| User ID:  | Click here for information to resolve User ID and Password issues.   |
| Password:   | <ul> <li>NEW CUSTOMERS: Please vist www.modot.org/starting-new-account and<br/>email completed form(s) to contactMCS@modot.mo.gov.</li> </ul>  |
| Log in  | <ul> <li>MCS accepts eChecks, debit and credit card payments. Convenience fees<br/>apply. Visit www.modot.org/mcs for details.</li> </ul>  |
| The credentialling modules of MoDOT Carrier<br>Express (IRP, IFTA, Trip Permits, OPA) will be<br>unavailable on Friday, June 16, 2023 from 2:00 am<br>until 3:00 am CDT for system updates. | <ul> <li>MoDOT takes seriously its responsibility to keep motor carriers' information<br/>private. We can discuss accounts only with those on record as official<br/>contacts, appointed by the companies we serve.</li> </ul> |

If you do not have an account with MCE, you will need to complete the Customer Information Form. This form can be found on the Hazardous Waste page of our website, www.modot.org/MCS. Once we process this form, you will be sent a user id and password.

**Note:** Only one username and password are issued per company. If you have to reset a password, make sure no one else in the company is using the login before resetting it.

Your account name, customer id, and USDOT number will be displayed at the top of the page.



2. Click applications and select HW/WT.

| номе   | APPLICATIONS   | CUSTOMER | USER SETTINGS LOGOUT                                    |  |
|--------|----------------|----------|---|--|
| Wel    | os/ow          |          | rier Express!   |  |
| Accou  | нw/wт          |          | IG LLC  |  |
| Cus    | CREDENTIALING  |          | Number: 62562581  |  |
| Use ti | UCR NRS        |          | o a program or use the quick links below to go directly | y to an action. Motor Carrier Services |
|        | E-PAYMENT HIST | DRY      | n   |  |

3. Now that you have made it to the hazardous waste system, you are ready to start your renewal request. Click renewal.

| номе | APPLIC/  | TIONS   | CUSTOMER    | USER SETTINGS | LOGOU | л |        |       |                        |   |          |        |           |                             |   |
|------|----------|---------|-------------|---------------|-------|---|--------|-------|------------------------|---|----------|--------|-----------|-----------------------------|---|
| Work | List     |         | Renewal     | Supplement    | Pay   |   | Search |       | Reports <del>-</del>   |   |          |        |           |                             |   |
| Wo   | rkList F | Results | i           |               |       |   |        |       |                        |   |          |        |           |                             |   |
| Sho  | w 10 🗸   | entries | 5           |               |       |   |        |       |                        |   |          | Search | n:        |                             |   |
| S    | tatus    | •       | Status Date | •             | Туре  | ÷ | DOT    | ÷     | Customer Name          | ÷ | Sup Type | \$ A   | pp/Sup No | $\stackrel{\wedge}{\nabla}$ | ÷ |
|      |          |         |             |               |       |   |        | No da | ata available in table |   |          |        |           |                             |   |
|      |          |         |             |               |       |   |        |       |                        |   |          |        |           |                             |   |

4. Your current license will display. Click the license number to open up your renewal application.

| Work List | New <del>-</del> | Renewal  | Supplement | Payment <del>-</del> | Search | Reports - |                    |        |
|-----------|------------------|----------|------------|----------------------|--------|-----------|--------------------|--------|
| License R | enewal           |          |            |                      |        |           |                    |        |
| CO HAZARI | OOUS HAU         | LERS LLC |            |                      |        |           |                    |        |
| License N | umber            |          |            | License Type         |        |           | License Expiration | Status |
| 221100100 | )                |          |            | Haz Waste            |        |           | 9/29/2023          | ISSUED |

5. You will see the first page of a new application pre-filled with some of your information. This information comes from your customer profile. If you notice something needs to be corrected, STOP. You will need to send an updated customer information form to <u>contactmcs@modot.mo.gov</u>. Updating your customer profile will ensure your account contains the correct information throughout our system. You may add or change only the information outlined in red.

| Hazardous Wast            | e                    |   |              |                 |                   |                          |               |
|---------------------------|----------------------|---|--------------|-----------------|-------------------|--------------------------|---------------|
| General                   | Туре                 | Officers  | Ca           | rgo Powe        | r Units           | Renewal                  | Consent       |
|                           | or Carrier Service   | nd ensure that it appears correst<br>s at 1-866-831-6277 Option 3 |              |                 | can be made below | If any other changes nee | d to be made, |
|                           | mation on this p     | age is correct.   |              |                 |                   |                          |               |
| Applicant                 |                      |   |              |                 |                   |                          |               |
| USDOT #                   |                      | Name  |              |                 |                   |                          |               |
| 2577929                   |                      | CO HAZARDOUS HAULERS L  | LC           |                 | _                 |                          | _             |
| DBA                       |                      |   |              |                 | EPA ID            |                          |               |
| Mailing Address           |                      |   |              |                 |                   |                          |               |
| Street                    |                      |   | City         |                 |                   |                          |               |
| 71623 VACATION DR         |                      |   | MCS CITY     |                 |                   |                          |               |
| Zip                       | State                |   |              |                 |                   |                          |               |
| 80001                     | со                   |   |              |                 |                   |                          |               |
| Business Address          |                      |   |              |                 |                   |                          |               |
| Street                    |                      |   | City         |                 |                   |                          |               |
| 71623 VACATION DR         |                      |   | MCS CITY     |                 |                   |                          |               |
| Zip                       | State                |   |              |                 |                   |                          |               |
| 80001                     | СО                   |   |              |                 |                   |                          |               |
| Phone                     |                      | Fax   |              | Email           |                   |                          |               |
| 8668316277                |                      |   |              | COHAZHAUL@MODOT | MO.GOV            |                          |               |
|                           |                      |   |              |                 |                   |                          |               |
| Name of company manage    | rial officers or par | tners   |              |                 |                   |                          |               |
| Name                      |                      |   |              | Title           |                   |                          |               |
| MARISA KLING              |                      |   |              | MEMBER          |                   |                          | *             |
| Form of Business          |                      |   |              |                 |                   |                          |               |
| Туре                      |                      | Date Inc  | MO Sec. Re   | g. No           | MO Sec. Re        | g. No(Corporate DBA)     |               |
| Limited Liability Company |                      | 07/13/2023  | 12121212     |                 |                   |                          |               |
| lf your company is organ  | ized outside of N    | IO, what is the state of Inco                                     | rporation? C | 0               |                   |                          |               |

6. Verify the information and make sure to click the check box indicating you have "verified the information on this page is correct." You will not be able to continue to the next page if you do not select the verification box.

| General | Туре | Officers | Cargo | Power Units | Renewal | Consent |
|---------|------|----------|-------|-------------|---------|---------|
|---------|------|----------|-------|-------------|---------|---------|

7. On the next page enter the information on how you will haul in Missouri. If you indicate washing out of cargo tanks, you must provide the location. Click add row and enter the information.

| Hazardous Was                                | ste                         |                               |              |                |                |
|--|-----------------------------|-------------------------------|--------------|----------------|----------------|
| General                                      | Туре                        | Officers                      | Cargo        | Power Units Re | enewal Consent |
| Previous Next                                |                             |                               |              |                |                |
| Applicant requests appro                     | val of this application for |                               |              |                |                |
| Applicant transports h                       | azardous waste or other     | icensed materials within the  | state of MO. |                |                |
| Applicant transports h                       | azardous waste or other     | icensed materials in intersta | te commerce. |                |                |
| ☐ Washing out of cargo<br>Missouri terminal. | tanks at a Loc              | ation                         |              |                |                |
| Missouri Terminals                           |                             |                               |              |                |                |
| Street                                       | City                        | State                         | Zip          | Phone Number   | EPA ID         |
| Add Row                                      |                             |                               |              |                |                |
|  |                             |                               |              |                |                |

**Note:** hauling "within" the state of Missouri means point to point and requires you to register with the Missouri Secretary of State.

8. Indicate ONLY the classifications and divisions of hazardous materials you are hauling in Missouri. You will also indicate how you want to receive your license. Click next to continue.

| Proposed service will include transporting the following (select all that  | it apply)  |
|--|--|
| Applicant will be transporting Hazardous Waste not defined as H  | Hazardous Material in title 49 code of Federal regulations   |
| Check only those hazardous material classes and/or division that will  | I be shipped with a hazardous waste manifest   |
| CLASS 1 EXPLOSIVES   | ard CLASS 5 OXIDIZERS AND ORGANIC PEROXIDES  |
| Division 1.2 Explosives that have a Projection Hazard<br>Division 1.3 Explosives that have a Fire Hazard and eithe<br>Hazard or a Minor Projection Hazard, or both   | Division 5.2 Organic Peroxides     CLASS 6 POISONS     Division 6.2 Material that is an Infectious Substance (Etiologic Agent) |
| Division 1.4 Explosive Devices that present a Minor Blast  | t Hazard I Division 6.1A Poison Liquid which is a PIH Zone A   |
| Division 1.5 Very Insensitive Explosives   | Division 6.1B Poison Liquid which is a PIH Zone B  |
| Division 1.6 Extremely Insensitive Detonating Substances   | s Z Division 6.1 Poison, Poisonous Liquid with no inhalation hazard  |
| CLASS 2 GASES  | Division 6.1 Solid, Poison which is a solid  |
| Division 2.1 Gases that are Flammable  | CLASS 7 RADIOACTIVE MATERIALS  |
| <ul> <li>Bulk          Non Bulk</li> <li>Division 2.1 Gases that are Flammable – LPG</li> <li>Division 2.1 Gases that are Flammable – Methane</li> </ul>   | HRCQ – Highway Route Controlled Quantity of Radioactive Material CLASS 8 CORROSIVES Division 8.0 Corrosives                    |
| <ul> <li>Division 2.2 Gases that are Non-Flammable and Comprese</li> </ul>   |  |
| <ul> <li>Division 2.2 Gases that are Poisonous - Poison Gas whi</li> </ul>   |  |
| Division 2.3B Gases that are Poisonous - Poison Gas where the poison of the poison | —  |
| Division 2.3C Gases that are Poisonous - Poison Gas where the poison of the poison |  |
| <ul> <li>Division 2.3D Gases that are Poisonous - Poison Gas wh</li> <li>CLASS 3 FLAMMABLE AND COMBUSTIBLE LIQUIDS</li> <li>Division 3.0 Flammable and Combustible Liquids</li> <li>Combustible Liquid</li> </ul>  | hich is PIH Zone D DINFECTIOUS WASTE   |
| CLASS 4 FLAMMABLE SOLIDS   | HAZARDOUS WASTE  |
| Division 4.1 Solids that are Flammable   | CORM (Other Regulated Material)  |
| Division 4.2 Material that is Spontaneously Combustible  | Limit of Liability   |
| Division 4.3 Material that is Dangerous when Wet   | 5000000  |
| License Delivery   |  |
| Type Email   |  |
| Email V JOANNE@HWHENV.CO   | MC   |
| Previous Next  |  |

**Note:** any classification or division you mark on your application must also be marked on your MCS-150 filed with the Federal DOT office. If your MCS-150 requires an update, please make that update before submitting your request for a Missouri hazardous waste transporters license.

**Note:** the materials you mark will determine your insurance requirement of either 1 million or 5 million.

9. The third page collects information about the officers. This information will populate from your customer profile. If you wish to add or change officer information, you will need to send updated customer information form to <u>contactmcs@modot.mo.gov</u>.

Here, you will also check the disclosure statement that best fits your company. If you make the second selection, make sure to provide the additional required information.

| Hazardous Wast                | е Арр                      | Status: OPEN                 | App No: 1005856             |                               |                     |              |
|-------------------------------|----------------------------|------------------------------|-----------------------------|-------------------------------|---------------------|--------------|
| General                       | Туре                       | Officers                     | Cargo                       | Power Units                   | Renewal             | Consent      |
| This application is missing 1 | I required field(s) that n | nust be filled out before su | ubmission. Click here for r | more information.             |                     |              |
| Previous Next                 |                            |                              |                             |                               |                     |              |
| Name of company manager       | rial officers or partners  |                              |                             |                               |                     |              |
| Name                          |                            |                              | Title                       |                               |                     |              |
| MARISA KLING                  |                            |                              | MEMBER                      |                               |                     | *            |
|                               |                            |                              |                             |                               |                     |              |
| Disclosure Statement          |                            |                              |                             |                               |                     |              |
| he applicant, principal       | al officers and all holde  | rs over 20% of the applica   | ant's company have no pre   | evious experience in the haza | rdous waste managem | ent business |
|                               | al corporate officers or   |                              |                             | nt's company have previous ex |                     |              |
| Name                          | · · ·                      |                              | Addres                      | s/Location                    |                     |              |
| Add Row                       |                            |                              |                             |                               |                     |              |
| Previous Next                 |                            |                              |                             |                               |                     |              |

**Note**: you will notice at this point the system is keeping track of missing information that must be provided before the application can be submitted.

10. On the next page you will begin entering your cargo equipment. Click add row, enter the equipment information, and then click submit. Once this page is complete, click next to move on.

| r cargo tanks |
|---------------|
|               |
|               |
|               |
|               |
|               |
|               |
|               |

| Cargo Equ          | ipment      |                    | × |
|--------------------|-------------|--------------------|---|
| Туре               | BOX TRAILER |                    |   |
| Capacity           | 80000       |                    |   |
| j Capacity<br>Unit | POUNDS      | ~                  |   |
| Non Spec<br>Tank   | N/A         | ~                  |   |
|                    |             | Submit Delete Clos | e |

**Note**: clicking submit will add your cargo equipment to the list. If you add something and then need to edit or delete it, click the pen and paper icon and make your corrections or click delete to remove it from the list.

**Note**: you are only required to list each type of cargo equipment one time. This means if you have three trailers of the same type and capacity, you will only make one

listing.

**Note**: the spec tank rating field will only be available if you mark NO to non-spec tank indicating the tank does have a rating associated with it.

| General                         | Type Of                            | ficers Cargo                            | Power Units          | Renewal  | Consent             |
|---------------------------------|------------------------------------|---|----------------------|----------|---------------------|
| is application is missing 1 rec | quired field(s) that must be fille | d out before submission. Click here for | or more information. |          |                     |
| evious Next                     |                                    |   |                      |          |                     |
| escription of each type of carg | go equipment                       |   |                      |          |                     |
| Vehicle Type                    | Maximum capacity                   | Capacity unit                           | Non spec tank        | Spec rat | ing for cargo tanks |
| FLATBED TRAILER                 | 5                                  | DRUMS                                   | N/A                  | opeo ra  | ing for ourgo turno |
| BOX TRUCK                       | 5                                  | DRUMS                                   | N/A                  |          |                     |
| VAN TRAILER                     | 12                                 | TOTES                                   | N/A                  |          |                     |
| BOX TRUCK                       | 12                                 | TOTES                                   | N/A                  |          |                     |
| BOX TRAILER                     | 80000                              | POUNDS                                  | N/A                  |          |                     |
| Add Row                         |                                    |   |                      |          |                     |

11. On the next page of the application, you will enter, change or add power units. Again, you will click add row to begin adding your units.

|       | General          | Туре                  |                     | Officers           | Cargo                            | Power Unit      |          | Renewal | Consent |  |
|-------|------------------|-----------------------|---------------------|--------------------|----------------------------------|-----------------|----------|---------|---------|--|
| his a | pplication is mi | issing 1 required fie | eld(s) that must be | e filled out befor | re submission. Click here for mo | re information. |          |         |         |  |
| revio | us Next          |                       |                     |                    |                                  |                 |          |         |         |  |
| escr  | iption of Power  | Units                 |                     |                    |                                  |                 |          |         |         |  |
|       | Unit #           | Make                  | Model               | Year               | VIN                              | License         | Plate    | GVWR    | Weight  |  |
| G     | HWH 002          | FORD                  | PICKUP              | 2012               | 1FT7W2BT4CEB91414                | со              | 1980     | 10000   | 12000   |  |
| G     | 1981             | FREIGHTLI             | BOX TRUCK           | 2007               | 1FVHCYDC47HX10225                | CO              | P916824  | 52000   | 54000   |  |
| ß     | 2011             | VOLVO                 | SEMI<br>TRACTOR     | 2016               | 4V4NC9EH6GN941437                | СО              | P1034233 | 80000   | 80000   |  |
| ß     | 2016             | KENWORTH              | BOX TRUCK           | 2014               | 2NKHLN9X0EM385625                | СО              | P981590  | 54600   | 30000   |  |
|       |                  |                       |                     |                    |                                  |                 |          |         |         |  |

| Power Unit |                   |               | ×     |
|------------|-------------------|---------------|-------|
| Make       | FORD              |               |       |
| Model      | PICKUP            |               |       |
| J Year     | 2012              |               |       |
| VIN        | 1FT7W2BT4CEB91414 |               |       |
| License    | со                | ~             |       |
| Plate      | 1980              |               |       |
| Unit #     | HWH 002           |               |       |
| GVWR       | 10000             |               |       |
| Weight     | 12000             | ~             |       |
|            |                   |               |       |
|            |                   | Submit Delete | Close |

**Note:** clicking submit will add your power unit to the list. If you add a unit and then need to edit or delete it, click the pen and paper icon and make your corrections or click delete to remove it from the list.

**Note:** you are only required to list units in your fleet that will be traveling on Missouri roads. For example, if you have 100 units in your fleet and only 10 will be running HW in Missouri, your Missouri license should only list those 10 units. Additional units can be added later if needed.

- 12. On the next page you will enter the miles and shipment information. **Things you should know:** 
  - a. Total Miles this equals your total IRP miles. For those carriers who do not report mileage under IRP, the total miles should be determined by using the beginning and ending odometer readings from all vehicles operated in your fleet from July 1 to June 30.
  - b. Total Missouri Miles this equals your total Missouri miles as reported for IRP. For carriers who do not report mileage under IRP, include all mileage from, to, or through the state of Missouri from July 1 to June 30. Miles traveled transporting containers with residues of hazardous materials should be included.

- c. **Total Missouri Shipments** use the total number of manifests, shipments, and bills of lading for any property transported from, to, or through Missouri for the preceding year.
- d. **Total Missouri Hazardous Waste Shipments** use hazardous waste manifests, used oil logs, or infectious waste shipping papers to determine the number of hazardous waste shipments transported from, to, or through Missouri for the preceding year.

| Hazardous Waste   | App Statu                         | S: OPEN  | App No: 10058 | 56 |             |         |         |  |
|---|-----------------------------------|----------|---------------|----|-------------|---------|---------|--|
| General   | Туре                              | Officers | Cargo         | I  | Power Units | Renewal | Consent |  |
| This application is missing 1 required field(s) that must be filled out before submission. Click here for more information. |                                   |          |               |    |             |         |         |  |
| Previous Next   |                                   |          |               |    |             |         |         |  |
| Fee Calculation   |                                   |          |               |    |             |         |         |  |
| Total licensed weight (in pou   | 176000                            | 176000   |               |    |             |         |         |  |
| Total miles (use total IRP mi   | Total miles (use total IRP miles) |          |               |    |             |         |         |  |
| Total Missouri miles (use IRI   | P miles)                          |          |               |    |             | 11040   |         |  |
| Missouri miles divided by tot   | tal miles                         |          |               |    |             | 0.05    | 0.05    |  |
| Total number of Missouri shi  | pments                            |          |               |    |             | 5       | 5       |  |
| Total Missouri hazardous wa   | aste shipments                    |          |               |    |             | 2       | 2       |  |
| Hazardous waste shipments   | s divided by total Missouri shi   | pments   |               |    |             | 0.4     |         |  |
| Use fee factor  |                                   |          |               |    |             | 0.0425  | 0.0425  |  |
| Calculated user fee (in \$)   |                                   |          |               |    |             | 150     |         |  |
| Application fee (in \$)   |                                   |          |               |    |             | 200     |         |  |
| Total calculated fees (in \$)   |                                   |          |               |    |             | 350     |         |  |
| Total cap (in \$)   |                                   |          |               |    |             | 25000   |         |  |
| Total due to the State of M   | issouri (in \$)                   |          |               |    |             | 350     |         |  |
|   |                                   |          |               |    |             |         |         |  |
| Provious Nort   |                                   |          |               |    |             |         |         |  |

The total fees due will calculate after you enter your miles and shipment information. This will be your invoice amount.

13. Click next to proceed to the consent page. Here you will check the box indicating you understand and agree to the terms and conditions, along with providing a 24-hour contact.

You will also provide Missouri registered agent information.

| General Type  |  |   |  |  |  |  |
|---|--|---|--|--|--|--|
|   | e Officer  | s Cá  | argo   | Power Units  | Renewal  | Cons   |
| his application is missing 1 required f   | ield(s) that must be filled ou   | t before submission. C  | lick here for mor  | e information.   |  |  |
| revious Submit  |  |   |  |  |  |  |
| Consent   |  |   |  |  |  |  |
| Commercial motor vehicle safety regu<br>apply to your operation visit the Safet   |  |   |  |  | e information about safet  | y regulations  |
| Applicant, by signature on and/or deli<br>entities under its control or related to<br>investigated by MoDOT or Missouri D<br>agencies), in relation to the applicant'<br>all evidence relating to compliance wi<br>third party. MoDOT or DNR may copy<br>consent by applicant prior to issuance | applicant, and all of their ag<br>bepartment of Natural Resou<br>is safety fitness and insurand<br>th state, federal, and local la<br>or take possession of any of | ents, employees, drive<br>irces (including MoDO<br>ce coverage with respe<br>aws whether located or<br>document or item of ev | ers, lessors and l<br>T or DNR emplo<br>ect to motor vehi<br>n or off the prem<br>vidence that may | essees of vehicles or driv<br>yees, agents, and cooper<br>cles and drivers. This con<br>ses of applicant and whe<br>be found during such sea | ers, and insurance provid<br>ating law enforcement or<br>sent extends to a search<br>ther in the possession of<br>arch or inspection. Termin | ders) to be<br>regulatory<br>for and rec<br>applicant or |
| I have read, understood and agree   | ed to the above terms and  | d conditions.   |  |  |  |  |
| Consenter Applicant Name  | MARISA KLING   |   |  |  |  |  |
| 24 Hour Contact Name  | MARISA KLING   |   |  |  |  |  |
| Contact's Street  | 830 Music Drive  |   |  |  |  |  |
|   | City   | State   |  | Zip  | Phone #  |  |
|   | Mo City  | СО  | ~  | 80001  | 8668316277   |  |

14. Now you are ready to click submit.

If you click submit and receive a message indicating missing information, click the link for additional details then use the previous button to return to the page with missing information.

| Hazardous Wast  | te A                    | op Status: OPEN                 | App No: 1005855                |                   |     |         |  |  |  |
|---|-------------------------|---------------------------------|--------------------------------|-------------------|-----|---------|--|--|--|
| General   | Туре                    | Officers                        | Cargo                          | Power Units       | Fee | Consent |  |  |  |
| This application is missing   | 1 required field(s) tha | t must be filled out before sub | omission Click <u>here</u> for | more information. |     |         |  |  |  |
| This application could not be submitted, please see the note above about required fields. |                         |                                 |                                |                   |     |         |  |  |  |
| Previous Submit   |                         |                                 |                                |                   |     |         |  |  |  |
| Consent   |                         |                                 |                                |                   |     |         |  |  |  |

| Required Updates                                      | ×     |
|---|-------|
| Officers: Previous Experience Yes/No must be selected | *     |
|   | Close |

Once needed corrections are made or if no corrections are needed and you click submit, you application will be submitted to MCS for review.

| Hazardous Waste   | App Status                | OPEN                 | App No: 1005855        |              |            |                             |
|---|---------------------------|----------------------|------------------------|--------------|------------|-----------------------------|
| General   | Туре                      | Officers             | Cargo                  | Power Units  | Fee        | Consent                     |
| This application is ready for subm                                    | ission. Please submit the | e application from t | he consent tab.        |              |            |                             |
| Previous Submit   |                           |                      |                        |              |            |                             |
| Consent   |                           |                      |                        |              |            |                             |
| ous vvaste. For more information                                      | about satety regulation   | ns that              |                        |              |            |                             |
|   |                           |                      |                        |              |            |                             |
| nsen<br>es of   | Processi                  | ng Request           |                        |              |            |                             |
| agents, and cooperating law ento<br>ind drivers. This consent extends |                           | covery of            |                        |              |            |                             |
|   |                           |                      |                        |              |            |                             |
| Work List New - Renewa  | l Supplement Pa           | nyment  + Search     | h Reports≁             |              |            |                             |
|   |                           |                      |                        |              |            |                             |
| WorkList Results  |                           |                      |                        |              |            |                             |
|   |                           |                      |                        |              |            |                             |
| Your application has been such  | cessfully submitted.      |                      |                        |              |            |                             |
| Show 10 v entries   |                           |                      |                        |              | Search:    |                             |
| Status 🗸 Status D   | ate 🔺 Type 🍦              | DOT 🍦                | Customer Name          | 👙 🛛 Sup Type | App/Sup No | $\frac{1}{2}$ $\frac{1}{2}$ |
| SUBMITTED 7/13/2023   | HW                        | 2577929 C            | O HAZARDOUS HAULERS LL | C Renew      | 1005856    | Open                        |
| Showing 1 to 1 of 1 entries   |                           |                      |                        |              | Pr         | evious 1 Next               |