



City of Houston

Department of Health & Human Services
7411 Park Place, Room 102 Houston, Texas 77087 713-640-4276

BIOLOGICAL PRETREATMENT PERMIT APPLICATION

The information on this application must be accurate and current for the new permit year. Failure to submit a complete and correct application could result in the delay or denial of the permit application. Please ensure that a response is made in each blank. All permits expire midnight, January 31.

1. Biological Pretreatment Service Company

Name: _____ Mailing Address: _____

Address: _____

Phone: () _____ Fax: _____

Owner: _____ Manager/Responsible Person: _____

Main Contact Email: _____ Secondary Contact : _____

Have you, your manager, or any employee been convicted of any violation of this Article or the Solid Waste Laws in the previous three years? _____ Yes _____ No (If yes, explain)

2. Biological Pretreatment Service Company Information Form

List the names and Texas Drivers License (TDL) or Texas Personal Identification Card (TPIC) numbers, along with a photocopy of these documents, for each person(s) authorized to perform biological pretreatment service functions under the permit. The permit shall not be valid for the performance of biological pretreatment service functions by any person not listed. Attach a separate sheet of paper if necessary. Please notify our office of any changes in service employee status.

Name	TDL/TPIC Number	Name	TDL/TPIC Number

For Office Use ONLY:		
Year:	Data Ent:	TDL:
App. Complt:	Ins.:	
App. Fee:	MSDS:	Reg. Fee:

3. Financial Responsibility

All biological pretreatment service companies shall submit a policy of comprehensive general liability insurance in full force and in effect. The policy shall provide a minimum coverage of \$250,000 per occurrence, with \$500,000 aggregate.

4. Checklist

Refer to checklist to ensure all attachments are included with your application

- _____ Completed Biological Pretreatment Permit Application Form
- _____ Photocopies of TDL/TPIC for ALL owners/managers, and service employees.
- _____ A Certificate of Insurance, showing amount of coverage and duration of policy
- _____ Biological Pretreatment Permit Fee (\$200.00)
- _____ Material Safety Data Sheets

5. Responsible Person

The above information is true, complete and accurate. I understand that submitting an incomplete or inaccurate application will result in the forfeiture of my application fee. Falsification of the information contained in this permit application will result in the forfeiture of my biological pretreatment permit.

I understand that by signing this application I will be recognized as the person responsible for the company's compliance with Article XI of the Code of Ordinances, Houston, Texas.

Name _____ Title _____

Signature _____ Date _____

