

**ULSTER COUNTY RESOURCE RECOVERY AGENCY**

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**TIMOTHY B. ROSE, P.E., M.P.A.**

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P.O. Box 6219  
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**Agency Staff**

Timothy DeGraff, CPA, Controller  
Charles Whittaker, Operations Manager  
Vacant, Recycling Coordinator  
Thomas Briggs, Compliance Officer  
Amy Lopiano, Chief Accounting Clerk

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**2019**

**HAULER LICENSE APPLICATION**

\* ADDITION OF TRUCK(S) DURING PERMIT YEAR \*



Hauler Name: \_\_\_\_\_

Permit #: \_\_\_\_\_

Date: \_\_\_\_\_

**Ulster County Resource Recovery Agency**  
**ADDITION OF TRUCK(S) DURING PERMIT YEAR**

**INSTRUCTIONS AND GENERAL INFORMATION:**

**Term of License:**

1. Each license issued shall be valid for a term expiring on December 31<sup>st</sup> of the year of issuance, unless issued in the month of December, in which case it shall expire the 31<sup>st</sup> day of December of the next year. License renewals shall be considered in the same manner and subject to the same conditions as original applications.
2. Please type or print clearly.
3. The application form must be completed in its entirety, and the certifications signed by an officer or principal of the applicant.
4. Please include \$100.00 for each additional vehicle added to be used by you in Ulster County.
5. Total number of vehicles from addition page: \_\_\_\_\_ x \$100.00                      Total: \$\_\_\_\_\_
6. No partial payments for adding trucks.
7. License renewals must be completed in full.
8. Please keep a copy of this application for your records.

**Agency hours of operation:**

**Ulster:**

- **Ulster Transfer Station:**  
Mon – Sat from 6:00am – 3:00pm
- **Materials Recovery Facility**  
Mon-Fri from 7:00am – 4:00pm
- **Administrative Office**  
Mon – Fri from 7:30am-3:30pm

**New Paltz:**

- **New Paltz Transfer Station:**  
Mon – Fri from 7:00am – 4:00pm, Sat from 7:00am – 11:00am (Apr – Dec only)

**NAME (PRINT):** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

## Ulster County Resource Recovery Agency ADDITION OF TRUCK(S) DURING PERMIT YEAR

**2018 PERMIT NUMBER:** \_\_\_\_\_

**VEHICLE INFORMATION:**

(Copy or attach additional sheets as necessary)

**TOTAL NUMBER OF VEHICLES ADDED:** \_\_\_\_\_

Please indicate the following information for your vehicles:

Hauler Truck ID – This is your company truck identification. e.g.: PK1 PK2 T1 R1 etc.

Model – Please indicate the type of vehicle according to the following key:

PACKER..... V1	SPLIT BODY..... V4
ROLL-OFF..... V2	TRACTOR TRAILER..... V5
RECYCLING TRUCK..... V3	OTHER (explain)..... V6

HAULER TRUCK ID	OWNERSHIP	MAKE	YEAR	MODEL OF CHASSIS	BODY TYPE	CUBIC CAPACITY OR TARE	COLOR	NYS REGISTRATION NO.	PLATE NUMBER	COMMUNITY OF OPERATION