

ULSTER COUNTY RESOURCE RECOVERY AGENCY

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Executive Director
TIMOTHY B. ROSE, P.E., M.P.A.
999 Flatbush Road
P.O. Box 6219
Kingston, NY 12402

Agency Staff

Timothy DeGraff, CPA, Controller
Charles Whittaker, Director of Operations & Safety
Angelina Peone, Recycling Coordinator
Melinda France, Recycling Educator
Amy Lopiano, Chief Accounting Clerk

E-Mail: ucrra@ucrra.org
Website: www.ucrra.org
Phone: (845) 336-0600
Fax: (845) 336-4129

2020

COMMERCIAL HAULER LICENSE APPLICATION ADDITION OF TRUCK(S) DURING THE 2020 PERMIT YEAR



HAULER NAME:

PERMIT #:

DATE:

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

DATE: _____

INSTRUCTIONS AND GENERAL INFORMATION:

1. **Term of License:** Each license issued shall be valid for a term expiring on December 31st of the year of issuance, unless issued in the month of December, in which case it shall expire the 31st 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 will be accepted.
 7. Those applicants who require additional information or assistance may contact the Ulster County Resource Recovery Agency at (845) 336-0600 between 7:30am and 3:30pm.
 8. License renewals must be completed in full. **Please keep a copy of this application for your records.**
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Agency facilities' hours of operation are as follows:

Ulster Transfer Station: Mon – Sat from 6:00am – 3:00pm

New Paltz Transfer Station: Mon – Fri from 7:00am – 4:00pm, Sat from 7:00am – 12:00pm (Apr – Dec only)

NAME (PRINT): _____ **TITLE:** _____

SIGNATURE: _____ **DATE:** _____

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

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

[illegible]