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State of Wisconsin
Department of Natural Resources
dnr.wi.gov

Hazardous Waste and/or PCB Waste Transportation License Application

Form 4400-086 (R 03/21)

Leave Blank – DNR Use Only

Date Received	Exp. Year	Check No.	Check Amt.	License No.	FID No.	Date License Issued	Completed By
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Notice: Information requested on this form is required for any application filed pursuant to s. 289.53 or 291.23, Wis Stats. and chs. [NR 157](#) and [NR 663](#), Wis. Adm. Code. The department will not consider your application unless you submit complete information. Information collected will be used to implement the hazardous waste management regulatory program. Personally identifiable information is not intended to be used for any other purpose, but may be made available to requestors as required under the Wisconsin Public Records Law [ss.19.31-19.69 Wis. Stats].

Instructions: This application is for the transportation of only hazardous waste and/or PCB waste. Applicants for transporting solid waste must apply for a separate license using Form 4400-179. A social security number or Federal Employer Identification Number (FEIN) must also be provided using Form 9400-568. Hazardous waste transporter requirements found in Chapter NR 663 Wis. Adm. Code.

1. Name of Transport Service (company or business name)			2. Name of Licensee (transport service operator)					
3. Owner of Transport Service			4. Ownership Type (private, state, county, local, federal, tribal)					
5. Name of Primary Contact			6. Telephone Number of Primary Contact (include area code) Ext.					
Title of Primary Contact			7. E-mail Address					
Mailing Address (street, route or box number)			8. Transport Vehicle Location Address (NOT post office box)					
City		State	ZIP Code	City		State	ZIP Code	County
9. Number of Vehicles in Fleet			10. US EPA ID Number					

11. Intended Hazardous Waste to be Transported
(See ch. NR 661, Wis. Adm Code, for waste type information. Use additional sheets if necessary.)

CHARACTERISTIC WASTE TYPES LISTED WASTES (specify waste codes)

Ignitable D001 _____
 Corrosive D002 _____
 Reactive D003 _____
 TCLP Toxic _____ PCB Waste (If selected, you must include proof of \$300,000 liability insurance. See [NR 157](#), Wis. Adm. Code)

12. List counties served or indicate the following: Only hauls for company under same ownership.
 Serves Statewide

1. _____ 3. _____ 5. _____ 7. _____
2. _____ 4. _____ 6. _____ 8. _____

13. List Facilities to which Hazardous Waste and/or PCB Waste is taken for treatment or disposal. Include more on another page if necessary:

Facility Name	Location (City and State)	US EPA ID Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I hereby certify that the information and attachments provided are true, accurate and complete. If the owner and operator are not the same individual or entity, a representative from both must sign.

Signature of Owner	Title	Date Signed
Signature of Operator	Title	Date Signed