



OC Health Care Agency, Environmental Health Visit our website: www.ochealthinfo.com/eh/hauling PO Box 25400 Santa Ana CA 92799

Telephone: (714) 433-6288 - FAX: (714) 433-6481

Name of Business (DBA):		Type of Ownership: <sup>1</sup>	Individual / Corporation / LL (circle one)
Business Address:	City:	State:	Zip:
Billing Address:	City:	State:	Zip:
Legal Owner(s):		Business Phone:	
Owner Home Address:	City:		Zip Code:
(if applicable) Co-owner Home Address:	Citv:		Zip Code
E-Mail Address			·
Where do you offload collected wastes?			
business of a liquid waste hauler within Orange County using only the eautomatically invoiced for every subsequent year after initial registratio owner/operator information, selling of business, or canceling registration	on. I shall provide written notion to prevent further invoicing	ce to this agency for updati g within two (2) business da	ng vehicle information, ys.
Print Name:	Drivers Licence	or Tax ID Number:	
		included in a listin	have your business  g that will be provided  eds to hire a liquid  No
For applicant: please add, delete or update vehicle information	in the space below.	For office	e use - FA:
Year Make Model Color Lic	cense Plate#	Gallons   Date	PR# LWH∓