

**SOLID WASTE MANAGEMENT FACILITY PERMIT APPLICANT'S
DISCLOSURE STATEMENT**

COVER SHEET FORM DISC-01

Applicant:
Facility Name:
Address:
City: State: Zip:
Telephone: ()

Applicant's Interest:
(Check all applicable boxes)

Owner

Operator

Other (explain):

Enter below the names of all key personnel as defined in 9 VAC 20-81-10.
A separate DEQ Form DISC-02 must be completed for each individual, corporation, or entity listed.

Key Personnel	Page
1.	
2.	
3.	
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6.	
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8.	
9.	
10.	

Key Personnel	Page
11.	
12.	
13.	
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19.	
20.	

DISCLOSURE STATEMENT FORM DISC-01

List all agencies **outside the Commonwealth** which have regulatory responsibility over the applicant or have issued any environmental permit or license to the applicant within the past ten years, in connection with the applicant's collection, treatment, storage or disposal of solid or hazardous waste.

Agency Name and Permit or License Type	Expiration Date	State

DISCLOSURE STATEMENT FORM DISC-01

List full name and business address of any member of the local governing body or planning commission in which the solid waste management facility is located or proposed to be located, who holds an equity interest in the facility.

Full Name	Business Address

Remarks or continuation from previous pages:

DISCLOSURE STATEMENT FORM DISC-01

I certify under penalty of law that the information contained in this disclosure statement and all attachments are, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Applicant Signature:	Date:
Typed or printed full name	Title
STATE OF	
COUNTY OF	
On this ____ day of _____, 20____, before me personally came _____	
_____, who being by me duly sworn, did depose and say that she/he is the	
person who executed the above disclosure statement and that she/he signed her/his name.	
_____	My commission expires
