

DEQ Form DISC-02 KEY PERSONNEL DISCLOSURE STATEMENT

Instructions: A separate DEQ Form DISC-02 must be completed for each of the Key Personnel listed on DEQ Form DISC-01. The information provided on this form is specific to the "person" listed, whether that is an individual, corporation, partnership, association, government body or other legal entity, as defined in Virginia Solid Waste Management Regulations [9VAC20-81-10](#), and as required by Virginia Waste Management Act, [§10.1-1400](#).

Key Personnel Name: _____

Facility Name: _____

Business Address: _____

Check if updating previously submitted DISC-02

BUSINESS EXPERIENCE:

Provide all information that reasonably relates to the qualifications and ability of the key personnel listed on this form to lawfully and competently operate a solid waste management facility in Virginia. Use continuation sheet, if needed.

EMPLOYER or ENTITY	DATES	POSITION Title & Responsibilities

PERMITS & LICENSES (past 10 years):

List all permits or licenses issued to or held by the above named person within the past ten years, for the collection, transportation, treatment, storage, or disposal of solid or hazardous waste. Include waste management facility operator licensing, and agencies outside the Commonwealth which have or has had regulatory responsibility over the named person.

PERMIT / LICENSE	AGENCY	Current?

Violations, Prosecutions, Enforcement Actions, License or Permit Suspensions, Felonies (past 10 years):

List and explain any findings or allegations of civil or criminal violation of any law, regulation or requirement relating to the collection, transportation, treatment, storage or disposal of solid waste (pending or concluded, by the above named person or by any facility at which the person was key personnel); any license or permit suspensions in any state; and convictions of any crimes as specified in [§10.1-1400](#), definition of "Disclosure Statement", Item 5.

Check if none

Does the above named person hold an equity interest of 5 percent or more in any entity that collects, transports, treats, stores, or disposes of solid waste or hazardous waste? NO YES

If YES, provide full name and address of that entity _____

I certify, to the best of my knowledge and belief, that the information contained in this Disclosure Statement is true, accurate, and complete.

Applicant Signature: _____

Date: _____

Type or print full name: _____

Title: _____

Per [§10.1-1408.1.C.3](#), this Disclosure Statement must be updated upon any change in condition that renders any portion of the statement materially incomplete or inaccurate.

DEQ Form DISC-02
KEY PERSONNEL DISCLOSURE STATEMENT

- Continuation Sheet -

Use this sheet if addition space is needed

Key Personnel Name: _____ **Date:** _____

Business Experience:

Permits and Licenses (past 10 years):

Violations, Prosecutions, Enforcement Actions, License or Permit Suspensions, Felonies (past 10 years):

Equity Interests: