

**MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**Solid Waste Program, Attn: Geraldine Travers  
 17 State House Station  
 Augusta, Maine 04333-0017  
 Telephone: (207) 287-2651**

**REQUEST TO SURRENDER A LICENSE FOR A SOLID WASTE TRANSFER STATION, STORAGE FACILITY, INCINERATOR OR PROCESSING FACILITY**

Use this form if you want to surrender a solid waste transfer station, storage facility, incinerator or processing facility license. Prior to license surrender, all solid waste facilities must be closed in conformance with the requirements in the appropriate chapter of the Maine Solid Waste Management Regulations. You may not use the license once you have submitted this form. The Department will notify you when we approve this surrender request. Once the Department approves your request to surrender the license, you will no longer be required to pay annual license fees for this facility.

PLEASE TYPE OR PRINT

Name of License Holder:	
Applicant's Last Name:	First Name:
Contact Person:	Telephone:
DEP License Number: S-	DEP Project Manager:
Owner of site:	Operator of site:
Location of facility (town(s)):	
Address and Directions to site:	
Type of solid wastes handled on the site:	
Last date the facility was operated:	

**Has all solid waste been removed from the site and closure activities performed in accordance with the Maine Solid Waste Management Regulations? \_\_\_\_\_.**

I certify under penalty of law that I have personally examined the information submitted in this document and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete.

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_  
 (Applicant)

TITLE: \_\_\_\_\_  
 (If other than applicant, attach letter of agent authorization.)

**DEP USE ONLY**

This request has been approved  Authorized signature: \_\_\_\_\_

This request has not been approved  Date: \_\_\_\_\_