



**APPLICATION FOR REGISTRATION OF SEWAGE  
CLEANING AND CARRYING VEHICLE**  
Environmental Health Division  
5050 Commerce Drive, Baldwin Park, CA 91706  
[www.publichealth.lacounty.gov/eh](http://www.publichealth.lacounty.gov/eh)  
(626) 430-5380



Pursuant to Section 25000 to 25010 inclusive, of the California Health and Safety Code, application is hereby made to carry on the business of cleaning septic tanks, cesspools, chemical toilets, and sewage seepage pits and to dispose of the waste material in your area.

Vehicle Identification Number (VIN)	Year and Make of Vehicle	Vehicle License Number	Tank Capacity

We expect to operate in the unincorporated area of Los Angeles County and the following cities within Los Angeles County.

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**REQUIRED DOCUMENTATION**

**Please submit the following required information with your application, depending on the type of ownership.**

SOLE PROPRIETORSHIP		CORPORATION	
1	BUSINESS LICENSE	1	BUSINESS LICENSE
2	DRIVER LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID	2	FEDERAL EMPLOYEE IDENTIFICATION NUMBER (TAX ID)
		3	ARTICLES OF INCORPORATION (INC) OR ARTICLES OF ORGANIZATION (LLC)

**OWNER INFORMATION**

FIRST NAME:	MIDDLE NAME:	LAST NAME:
OR NAME OF CORPORATION:		PHONE #:
STREET ADDRESS:	CITY:	ZIP CODE:
EMAIL ADDRESS:	DRIVER'S LICENSE	EIN NUMBER:

**APPLICATION FOR REGISTRATION OF A  
SEWAGE CLEANING AND CARRYING VEHICLE - Continued**

**FACILITY/ SITE INFORMATION (VEHICLE STORAGE LOCATION)**

NAME/ DBA:		PHONE #:
STREET ADDRESS:	CITY:	ZIP CODE:
DO YOU HAVE AN EXISTING BUSINESS?:      YES      NO		START DATE:
FACILITY#:		

**BILLING ADDRESS**

NAME/ DBA:		EMAIL ADDRESS:
STREET ADDRESS:	CITY:	ZIP CODE:

**AGREEMENT**

**Please add a check mark in each box to acknowledge your agreement to the following statements.**

<input type="checkbox"/>	We understand this registration is not valid in the cities of Long Beach, Pasadena, and Vernon.
<input type="checkbox"/>	We agree to conform to all conditions, orders, and directions issued pursuant to applicable codes, policies, and procedures of the Department of Public Health.
<input type="checkbox"/>	We understand that permits or approvals may be required from other departments such as Regional Planning or Public Works, etc., that we are responsible for securing all other necessary permits to conduct this business and that this permit only grants approval to operate from the Department of Public Health.
<input type="checkbox"/>	We understand that this permit is valid for a Fiscal Year from July 1 <sup>st</sup> to June 30 <sup>th</sup> and that an invoice will be issued automatically by the Department. I understand that I must contact the Land Use Program to cancel this permit if I sell or discontinue my business.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

For Department Use Only	
HD #:	Date Entered: