



**Kansas**  
Department of Health and Environment  
**Used Oil Transporter Registration/Renewal**  
for transporters located outside of Kansas

Company Information			
Legal Name:			
EPA ID #:		US DOT #:	
Contact First Name:	Contact Last Name:	Contact Title:	
Email:			
Location Address:			Business Phone:
City:	State/Country:	Zip:	Emergency Phone:
Mailing Address:			Fax:
City:	State/Country:	Zip:	
Transfer Facilities and Transportation Services			
<input type="checkbox"/> Yes <input type="checkbox"/> No   Does your company have transfer facilities in <b>Kansas</b> where used oil is stored? If yes, please attach a list of those transfer facilities; include the location, contact person and telephone number.			
<input type="checkbox"/> Yes <input type="checkbox"/> No   Would you like your company to be included on a list of registered transporters that will be posted on the Bureau of Waste Management website?			
Insurance Information			
A certificate of insurance ( <b>ACORD Form</b> ) must be submitted. This renewal will <b>NOT</b> be processed until insurance coverage is documented. <u>An MC-90 or Form E will not be accepted.</u> <b>See KAR 28-31-6</b> for insurance requirements.			
Certification			
I hereby certify that the information provided herein is complete and correct to the best of my knowledge and that I am authorized to sign official documents for my organization. I further certify that the company will comply with the rules and regulations of the Kansas Department of Health and Environment as set forth in KAR Article 31, and applicable United States Department of Transportation and Kansas Department of Transportation regulations.			
Authorized Representative ( <i>Type or Print Name</i> )		Title of Authorized Representative	
Signature of Authorized Representative		Date	

**Regulations concerning used oil transporters can be found at KAR 28-31-4 et seq.**

**RETURN FORM TO:**

Kansas Department of Health and Environment  
Bureau of Waste Management  
Attn: Stacey Smith  
1000 S.W. Jackson, Suite 320  
Topeka, KS 66612-1366

**QUESTIONS**

Phone: 785-296-0005 or  
785-296-1600

Fax: 785-559-4252

E-mail: [kdhe.notifications@ks.gov](mailto:kdhe.notifications@ks.gov)