2025 – 2026 Special Medical Waste Interstate Certificate (Floater)

Dear Sir/Madam:

As a condition of our being granted transferable vehicle certification (floater), I will notify your office via email with a “signed” copy of this form and PDF copy of the vehicle inspection(s) to **mde.floaters@maryland.gov** or by faxing this form and inspection(s) to **(410) 537-4133,** 24 hours prior to use. When using a floater certificate, I must send the inspection(s) for the chassis transporting these units. **It is agreed that failure to fulfill these requirements including not completing this form fully and not including the inspection(s) will constitute grounds for revocation of my transferable vehicle certificate.**

CERTIFIED HAULER NO. SWH

Certificate NO. **F**       Exp. Date

VEHICLE OWNER

BASE OF OPERATIONS

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **HISTORY OF VEHICLE**

**I. CARGO-CARRYING UNIT**

YEAR       MAKE

SERIAL NO.

STATE/LICENSE NO.

**II. CHASSIS, IF APPLICABLE**

YEAR       MAKE

SERIAL NO.

STATE/LICENSE NO.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **TYPE OF WASTE**

BULK SOLID [ ]  CONTAINERIZED [ ]

BULK LIQUID [ ]  OTHER [ ]

 (Describe)

SLUDGE [ ]

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By signing this form, I the applicant or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this application and vehicle listing are true to the best of my knowledge, information, and belief. Additionally, I will notify the Department within 30 days if any changes in the information contained within the application and/or vehicle listing.**

DATE OF NOTIFICATION

NAME OF PERSON

MAKING REPORT

EMAIL ADDRESS

TELEPHONE NUMBER

**Failure to complete this form completely and include an inspection could result in losing floater privileges.** **SPECIFICATIONS**

CAPACITY

NO. OF TANKS/COMPARTMENTS

DOT SPECIFICATIONS

**­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SHIPPER/RECEIVER INFO**

GENERATOR NAME

GENERATOR ADDRESS

FACILITY NAME

FACILITY ADDRESS

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **TYPE OF VEHICLE**

DUMP TRUCK [ ]  TANK TRUCK[ ]

VACUUM TRUCK [ ]  FLAT BED [ ]

BOX VAN [ ]  ROLL-OFF [ ]

STRAIGHT TRUCK [ ]  OTHER [ ]

 (Describe)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **VEHICLE INSPECTIONS**

Date of Inspection

Date of (if applicable) **V**       **I**     **K**     **P**

**Inspection MUST be included** **regardless if it is on file**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DATE(S) TO BE USED

 **(NO MORE THAN 7 DAYS)**

**This Notice is provided pursuant to §10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your notification. Failure to provide the information requested may constitute grounds for revocation of your interstate certificate. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment (“MDE”) is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE’s website and is subject to inspection or copying, in whole or in part, by the public and other government agencies, if not protected by federal or State law.**