All information requested in this document must be submitted, in the format requested, in order to approve the Septage Waste Transporter application.

Documents which are incomplete, or improperly completed, will be returned to the applicant. This will result in a delay of the application’s processing time.

NAME OF PERMITTED SEPTAGE WASTE TRANSPORTER:

________________________________________________________

Company Name

NAME OF PERSON TO BE CONTACTED IN REFERENCE TO THESE FORMS:

________________________________________________________

Name

________________________________________________________

Title

TELEPHONE NUMBER: (______) _______________________________

Area Code

RIDEM Permit No(s) (if existing): _____________________________
AFFIDAVIT OF AUTHOR

STATE OF ___________________________

COUNTY OF ___________________________

I, __________________________, hereby (or affirm) that I am the person who filled out
the attached Business Concern Disclosure Statement in the name of
______________________________________ or directed that the information contained
(name of Septage Waste Transporter Company)
in the answers thereto by typed in, and that the foregoing statements made by me on
behalf of _______________________________ are true to the best of my knowledge.

I am aware that if any of the foregoing statements made by me are willfully false, I
am subject to punishment under Rhode Island General Law 23-19.1-10(11) by which a
false statement, representation, or certification in this document is a FELONY.

Date: _______________  Signature: ___________________________    ____________
(type, stamp, or print name)           (Date of Birth)

___________________________
(Title or Position)

Sworn to and subscribed before me
this _________day of 201__.                           ______________________________

____________________________ Notary           ______________________________
(Seal or Authority of Notary)
YOU MUST PROVIDE THE FOLLOWING INFORMATION IF APPLICABLE
(USE A SEPARATE ATTACHMENT IF NECESSARY):

1. CRIMINAL PROCEEDINGS:
   List Any INDICTMENTS, CHARGES, AND/OR CONVICTIONS:

2. ADMINISTRATIVE PROCEEDINGS:
   List and explain any administrative actions of any municipalities, state or federal, or any environmental agency against you which have been the subject of proceedings:

<table>
<thead>
<tr>
<th>Title of Case</th>
<th>Docket No.</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

3. FORMER FACILITIES IN RHODE ISLAND:
   Have you been a septage transporter under any other name? If yes please list below.

<table>
<thead>
<tr>
<th>Previous Company Name</th>
<th>Address: City, State</th>
<th>Approx. Dates in Use From (year) To (year)</th>
<th>Permit #</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

4. EMPLOYEE DATA: List the following information as to the owner of the business concern:

<table>
<thead>
<tr>
<th>Name of Key Employee</th>
<th>Business Address and Tel. No.</th>
<th>Position</th>
<th>Date Became Owner</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

5. TYPE OF COMPANY: Choose one of the following types of business:

   Please select the status and indicate the name of your business entity:

   1. _____ - Individually held by ________________________ (name of owner).
   2. _____ - Limited Liability Company, registered as ________________________, LLC.
   3. _____ - a Corporation, registered as ________________________ (name).
   4. _____ - a Partnership, registered as __________________________ (name).
   5. _____ - a Limited Partnership, registered as _____________________ (name), LP.
   6. _____ - a Limited Liability Partnership, registered as __________________________ (name), LLP.
   7. _____ - Other: __________________________ (please describe)
Please indicate the Residency status of your business entity:

1. _____ - a Rhode Island (domestic) entity.
2. _____ - a Non-Resident (foreign) entity with its principal office in __________________________, ____________________ (town and state), licensed to do business in the State of Rhode Island.
3. _____ - None of the Above: ________________________________ (please describe).