



**APPLICATION FOR VEHICLE PERMITS AND DECALS
SOLID WASTE MANAGEMENT FACILITIES
CECIL COUNTY, MARYLAND**

TEL (410) 996-5390 FAX (410) 996-5319

email:mdorsey@ccgov.org

Company Name: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Street Address: _____

City _____ State _____ Zip _____

Please complete the following:

1) Type of material you will be hauling _____

2) Location the material will be hauled from: _____

3) Vehicle information:

A) _____

Year _____ Make _____ Model _____ Your Fleet # _____

State Tag Number _____ Gross Vehicle Weight _____ VIN# _____

(3) Pick Up _____ (4) Trailer _____ (6) Dump Truck _____ (11) Compactor _____ (12) Roll Off _____

B) _____

Year _____ Make _____ Model _____ Your Fleet # _____

State Tag Number _____ Gross Vehicle Weight _____ VIN# _____

(3) Pick Up _____ (4) Trailer _____ (6) Dump Truck _____ (11) Compactor _____ (12) Roll Off _____

C) _____

Year _____ Make _____ Model _____ Your Fleet # _____

State Tag Number _____ Gross Vehicle Weight _____ VIN# _____

(3) Pick Up _____ (4) Trailer _____ (6) Dump Truck _____ (11) Compactor _____ (12) Roll Off _____

PLEASE EMAIL OR FAX COMPLETED APPLICATION TO: mdorsey@ccgov.org or (410)996-5206

FOR OFFICE USE ONLY

DECAL # PERMIT # LAST INSPECTION DATE & LOCATION

TRUCK (A) _____

TRUCK (B) _____

TRUCK (C) _____

Landfill Account #: _____

Date Received _____

Date Approved _____

Approved By _____