

COWICHAN INDIAN BAND

CERTIFICATE OF TRANSPORT APPLICATION FORM

1. Applicants Name in full: \_\_\_\_\_

2. Permanent Address:\_\_\_\_\_

3. Phone Number: (Home):\_\_\_\_\_ (Work):\_\_\_\_\_

4. Occupation/Type of Business:\_\_\_\_\_

5. Date of Transport:\_\_\_\_\_

6. Type of Vehicle to be Used for Transport:\_\_\_\_\_

7. License Plate Number of Vehicle:\_\_\_\_\_

8. Type of Waste Being Transported:\_\_\_\_\_

9. Amount of Waste being Transported: (approximate weight):\_\_\_\_\_

10.Originating Site of Waste Pickup (Address):\_\_\_\_\_

11.Destination(s) of Waste: Lot(s):\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Proposed Route of Transportation:\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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