



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

TEL. (410) 996-5390 FAX (410) 996-5206

email: [sscholl@ccgov.org](mailto:sscholl@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: [sscholl@ccgov.org](mailto:sscholl@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 \_\_\_\_\_