

Transporter Only Variance Questions

Note: Long Answers and Short Answers are both limited to 4000 characters, Short Answers should be brief while Long Answers should contain more details.

General Application Information

1. Name of Applicant Organization
 - Enter the name of the Company, Organization, or Entity that is applying for a treated wood waste (TWW) variance.
 - Required
 - Short Answer:

2. Applicant Mailing Street Address
 - Street Address only (e.g. 1234 Generic Street)
 - Required
 - Short Answer:

3. Applicant Mailing City, State, and Zip Code
 - City, State, and Zip Code (e.g. Sacramento, CA 95814)
 - Required
 - Short Answer:

4. Name of Individual Completing Application
 - Enter the full name of the individual completing this application and that can address any questions from DTSC in the following format: First, Middle Initial, Last (e.g. John B. Smith).
 - Required
 - Short Answer:

5. Title of Individual Completing Application
 - Enter the job title of the individual that completed the application (e.g. Environmental Compliance Manager).
 - Required
 - Short Answer:

6. Primary Contact Name
 - Enter the name of the primary contact regarding the variance in the following format: First, Middle Initial, Last (e.g. John B. Smith).

- Required
- Short Answer:

7. Primary Contact's Preferred Salutation/Prefix\

- Such as Dr., Ms., Mr. etc.
- Required
- Short Answer:

8. Primary Contact's email address

- DTSC will use this email address to contact you regarding your application, please ensure it is entered correctly.
- Required
- Short Answer:

9. Confirm Primary Contact's email address

- DTSC will use this email address to contact you regarding your application, please ensure it is entered correctly.
- Required
- Short Answer:

10. Primary Contact's Phone Number

- Enter the phone number in the following format (###) ###-### [e.g. (555) 555-4567)].
- Required
- Short Answer:

11. Training Coordinator's Name

- Enter the name of the individual with lead responsibility for ensuring that required training on TWW management occurs. Indicate a name rather than a position title.
- Required
- Short Answer:

12. Training Coordinator's preferred Salutation/prefix

- Such as Dr., Ms., Mr. etc.
- Required
- Short Answer:

13. Training Coordinator's Email Address

- Required
- Short Answer:

14. Training Coordinator's Phone Number

- Enter the phone number in the following format (###) ###-### [e.g. (555) 555-4567)].
- Required
- Short Answer:

15. Has the applicant been subject to an enforcement action relating to hazardous waste management in the last ten years?

- Required
- Multiple Choice (Select One)
 - Yes (if selecting this option, move on to question 16)
 - No (if selecting this option, skip down to question 17)

16. Enter the date and details of the enforcement action.

- Required
- Long Answer:

17. Describe your organization.

- What is your organization's principal function (e.g. fencing contractor)?
- Required
- Long Answer:

18. How many individual locations are you seeking a variance for?

- Select a number ranging from one to ten. This information is used to calculate the reimbursement fee. You will be asked to enter the address of each location individually after this question. For disposal facilities, a maximum of one location may be entered.
- Required
- Drop Down Menu
 - 1
 - 2
 - 3

- 4
- 5
- 6
- 7
- 8
- 9
- 10
- No physical location, I only transport and/or handle Treated Wood Waste without storage or accumulation. (skip down to question 22)

19. What is the address of each project location?

- Enter the address of each project location as selected in question 18 to be covered by the variance in the following format: Street Address, City, CA Zip Code (ex. 1234 Generic Street, Sacramento, CA 95814).
- Required
- Location 1:
- Location 2:
- Location 3:
- Location 4:
- Location 5:
- Location 6:
- Location 7:
- Location 8:
- Location 9:
- Location 10:

20. What County or Counties is/are the project location(s) in?

- Required
- Short Answer:

21. Describe the project location(s)/site(s)

- For example, winery, campus, city, harbor, etc. If a contractor that works at multiple locations be as specific as possible (ex. “various residential locations in the larger Sacramento area”).
- Required
- Long Answer:

22. In what counties or geographic region(s) do you conduct transporter operations?

- Required only if selecting the “no physical location, I only transport and/or handle Treated Wood Waste without storage or accumulation.” Option in question 18, skip otherwise.
- Long Answer:

Transporter Specific Application Questions

23. What method will be used to transport TWW to prevent unauthorized access, protect TWW from precipitation, and prevent loss, dispersion, or leaching?
- Enter, for example, closed roll-off bin, tarped pick-up etc.
 - Required
 - Long Answer:

Acknowledgments

24. I certify under penalty of perjury that this document and all attachments were prepared under my direction or supervision to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. Should any information or representation submitted in connection with this application form be incorrect or untrue, I understand that the Department of Toxic Substances Control may rescind any approval or determination, or take other appropriate action. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I also certify that I am the owner of the entity applying for the variance or have the owner's consent to file this application.

- Required
- Check Box
 - I Certify

25. I certify that the entity, person, and or persons directly responsible for submitting this application have read the standard conditions for the variance sought and agree to abide by the terms and conditions set forth in by the variance. I also understand that if I am granted a variance, it may contain conditions that differ from the standard conditions.

- Required

- Check Box
 - I Certify

26. I understand that by submitting this application I am entering into a written agreement to certify that the entity, person, or persons directly responsible for submitting this application will reimburse the Department of Toxic Substances Control for its cost in processing this variance application request in accordance with DTSC's TWW variance reimbursement payment schedule.

- Required
- Check Box
 - I Certify

27. I understand that the submittal of this variance application does not guarantee that I will be granted a variance, and that I will not be entitled to a refund of my reimbursement payment if my variance application is denied.

- Required
- Check Box
 - I Certify