2027-2028 REGISTRATION FOR WASTEWATER AND WASTEWATER SLUDGE PUMPERS AND HAULERS

(09/15/2026 Rev.)

All sections of this registration application form must be completed properly with the correct information for the department to process. This is a requirement of Hawaii Administrative Rules, Chapter 11-62, Subchapter 6. Failure to provide any of the below information will result in your form not being processed and your registration not being approved.

COMPANY INFORMATION

Please include the name of your company as it is written in your business registration. The company name will be posted on the Department of Health Wastewater Branch's (DOH-WWB) website. An email address and phone number must be provided to ensure that notices, reminders, documents, and other types of information can be sent to your company.

Company Name: _____

Contact Person Name: _____

Contact Person Position/Title: _____

Contact Person Email: _____

Phone No.: (_____)_____

LOCATION

Select the Island for which your company operates on. For entities that operate on multiple islands, a separate application must be filled out for each island.

Island (Select ONE): ◯ Oahu ◯ Kauai ◯ Hawaii ◯ Maui ◯ Molokai ◯ Lanai

The Mailing Address will be the address we send important letters to if necessary.

Mailing Address: _____

City, State, & Zip Code: _____

The Physical Address of Operation is the base yard or central point of activity for your business or organization. A P.O. Box cannot be listed for the Physical Address of Operation.

Physical Address of Operation: _____

City, State, & Zip Code: _____

OWNERSHIP TYPE

(Select ONE): ◯ Federal ◯ State ◯ County ◯ Private ◯ Non-Profit ◯ Other

If 'Other' is checked, specify type: _____

For State Employee Use Only – do not write in this box	
Registration No: Check Number: Notes:	Date Received: Date of Notification: Date Suspended: Date Approved: Date Terminated

TYPES OF WASTEWATER TO BE PUMPED/HAULED

It is the applicant's responsibility to obtain permission or authorization from any government agency or organization that will require disposal and/or discharge at their facility or location. For example, if a person wishes to participate in pumping cesspools/septic systems/wastewater treatment plants then they must receive permission/authorization to discharge the wastewater prior to beginning any operations.

Indicate all the types of wastewater that will be pumped/hauled by your company:

1) ☐ Cesspool/Septic Tank 2) ☐ Wastewater Treatment Plants 3) ☐ Grease Trap/Interceptor

4) ☐ Portable Toilet 5) ☐ Sewer 6) ☐ Non-Domestic (e.g., agriculture, commercial, industrial)

ALL VEHICLE INFORMATION

List **all** vehicles that you want associated with this registration. Information should include the License Plate, Make, Year, Model, Color, Tank Size (gal), Type of Waste for that specific vehicle, and whether the vehicle is "current", or "new" and being added to the registration. **Any vehicles not included in this section will be removed from the registration**. If necessary, you may attach a separate sheet to your application that includes the required vehicle information below.

No License Plate Number?

If your new vehicle does not yet have a license plate number but you have its motor vehicle registration, leave the license plate # column for that vehicle blank, fill out the rest of the columns for that vehicle, and append a copy of the new vehicle's motor vehicle registration to this application.

License Plate #	Year	Color	Make	Model	Tank Size (gal)	Type of Wastewater*	Status**

* Write the type of wastewater that the vehicle will primarily be pumping and hauling, where "D" is for Domestic, "ND" is for Non-Domestic, and "G" is for Grease.

** Write "current" if the vehicle continues to be used, and "new" if it is a new vehicle being used.

CERTIFICATION

Do not alter the statements found in this section of the form. Alteration of the statements found in this section will result in the denial of your registration form. The person certifying this registration form must meet one of the descriptions as indicated in this section and be employed or contracted by the owner.

Indicate ONE of the following:

- ◯ I certify that for a **limited liability company (LLC)**, I am the Manager or Member authorized to make management decisions for the LLC and in charge of a principal business function, or I perform similar policy or decision-making functions for the LLC.
- ◯ I certify that I am a general partner for a **partnership**.
- ◯ I certify that I am the proprietor for a **sole proprietorship**.
- ◯ I certify that for a **corporation**, I am the President, Vice President, Secretary, or Treasurer of the corporation and in charge of the principal business function, or I perform similar policy or decision-making functions for the corporation.
- ◯ I certify that for a corporation, I am the Manager of one or more manufacturing, production, or operating facilities an authorized to make management decisions which govern the operation of the regulated facility or facilities including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations. I can ensure that the necessary systems are established, or actions taken to gather complete and accurate information for permit application requirements and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.
- ◯ I certify that for a **municipal agency**, I am a principal executive officer or ranking elected official.
- ◯ I certify that for a **state agency**, I am a principal executive officer or ranking elected official.
- ◯ I certify that for a **federal public agency**, I am a principal executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.
- ◯ I certify that for a **non-profit entity**, I am the Manager or Member authorized to make management decisions.
- ◯ I certify that for a **trust**, I am a trustee.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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 have read, understand, and will follow all applicable rules regarding the collection, disposal, monitoring, and record keeping of pumping and hauling wastewater and wastewater sludge, including septage from individual wastewater systems and other wastewater systems. I will assure that all federal, state, and local laws applicable to pumping and hauling activities are complied with; including but not limited to permitting, licensing and registration requirements. As the owner or owner's representative, I will continue to provide employees of our pumping and hauling firm with adequate training in proper pumping, collection, hauling, and disposal of wastewater and wastewater sludge. I understand that upon request, I must submit any other information necessary to assess the wastewater and/or wastewater sludge use or disposal practices at my facilities. I acknowledge that failure to meet the above conditions may lead to suspension and/or revocation of this registration.

I acknowledge that failure to submit a completed application, be a business in good standing with the State of Hawaii Department of Commerce & Consumer Affairs (DCCA), or resolve any other application deficiencies within 30 days of Department notification, will lead to this registration application being denied and terminated.

Signature: _____ Date: _____

Printed Name: _____ Position/Title: _____

Company/Organization Name: _____

APPLICATION FEE FOR PROCESSING AND REVIEW

Only checks or money orders will be accepted. **NO CASH**. Fees and payments should be made payable to **STATE OF HAWAII**.

Select one of the payment options below that you are choosing to use for this form:

◯	New registration of an operation……	$30
◯	Renewal of an existing registered operation – if postmarked by November 15, 2026…….	$10
◯	Renewal of an existing registered operation – if postmarked after November 15, 2026 and by February 13, 2027……..	$15
◯	Renewal of a registration by an operation after February 13, 2027…….....	$30
◯	Major changes to a registration (e.g., adding/removing vehicles, modifying vehicle information) – this payment also covers any other minor or ownership changes…….	$30
◯	Only minor changes (e.g., modifying types of waste)……..	$10
◯	Only change ownership (e.g., modifying company info, location)……...	$5

SUBMITTAL

SEND COMPLETED FORMS AND THE APPROPRIATE APPLICATION FEE TO:

State of Hawaii
Wastewater Branch
2827 Waimano Home Road #207
Pearl City, HI 96782