Print Form

City of Houston

Department of Health & Human Services
7411 Park Place, Room 102 Houston, Texas 77087 (832) 393-5740

BIOLOGICAL PRETREATMENT PERMIT APPLICATION

Application Instructions

Before submitting application, ensure all required documents are included:

- Application with Biological Pretreatment Permit Holder Acknowledgement for notarized
- A copy of the material safety data sheet for each product that will be utilized to render the biological pretreatment service.
- A photocopy of the driver's license or Texas personal identification card of each person who will be authorized to perform biological pretreatment service functions on behalf of the applicant.
- Whether the applicant or any employee designated under item (3) of this subsection has been convicted of any violation for which a biological pretreatment service permit is subject to denial, refusal to renew or revocation under section 1-10 of this Code.
- Evidence of a comprehensive general liability insurance policy of $250,000 per occurrence and $500,000 aggregate. Additionally, each policy must contain an endorsement requiring 30 days' advance written notice of termination or cancellation to the health officer.
- $258.07 application fee plus $25 adminstrative fee

Payment must be a check or money order pay to the order of City of Houston

Applications must be complete and all required documents submitted before employees will be issued photo identification cards

Mail or deliver applications:

City of Houston
DHHS- Bureau of Consumer Health Services
7411 Park Place Blvd RM 102
Houston, TX 77087

Questions should be directed to:

Almika Millage, Transporter Coordinator
Office: 832.393.5688
Almika.Millage@houstontx.gov

City of Houston

Department of Health & Human Services

7411 Park Place, Room 102 Houston, Texas 77087 (832) 393-5740

BIOLOGICAL PRETREATMENT PERMT APPLICATION

The information on this application must be accurate and current for the new permit year. Failure to submit a complete and correct application could result in the delay or denial of the permit application. Please ensure that a response is made in each blank. All permits expire midnight, January 31.

Section I Biological Pretreatment Service Company

Company Name: _____

Office Address: _____ State _____ Zip _____

Mailing Address: _____ State _____ Zip _____

Owner: _____ Driver's License# _____ State _____

Person Responsible: _____ Driver's License# _____ State _____

Email: _____ Alt Email: _____

Phone Number: _____ Alt Number: _____ Fax: _____

Have you, your manager, or any employee been convicted of any violation of this Article or the Solid Waste Laws in the previous three years? ☐ Yes ☐ No (If yes, explain)

Section II Biological Pretreatment Service Company Employee Infomration

List the names and Texas Drivers License (TDL) or Texas Personal Identification Card (TPIC) numbers, along with a photocopy of these documents, for each person(s) authorized to perform biological pretreatment service functions under the permit. The permit shall not be valid for the performance of biological pretreatment service functions by any person not listed. Attach a separate sheet of paper if necessary. Please notify our office of any changes in service employee status.

Name	TDL/TPIC Number	Date of Birth

FOR OFFIEC USE ONLY

Permit Year 2012 ☐ Walked in ☐ Mailed

Method of Payment : ☐ Check ☐ Money Order Check/Money Order No._____ Pymt Form Serial No_____

Permit Fee:_____ ☐ TDL ☐ Ins ☐ MSDS

All biological pretreatment service companies shall submit a policy of comprehensive general liability insurance in full force and in effect. The policy shall provide a minimum coverage of $250,000 per occurrence, with $500,000 aggregate. Additionally, each policy must contain an endorsement requiring 30 days advance written notice of termination or cancellation to the health officer. Failure to maintain proof of the required with the health officer shall cause the permit to become void.

Checklist

Refer to checklist to ensure all attachments are included with your application

- ☐ Completed Biological Pretreatment Permit Application Form
- ☐ Photocopies of TDL/TPIC for ALL owners/managers, and service employees.
- ☐ A Certificate of Insurance, showing amount of coverage and duration of policy
- ☐ Biological Pretreatment Permit Fee ($258.07) Plus $25 administrative fee
- ☐ Material Safety Data Sheets

Mail completed application and all required documents to:

City of Houston-DHHS
7411 Park Place Blvd Rm 102
Houston, TX 77087

Affidavit of Biological Pretreatment Permit Holder Acknowledgement

The above information is true, complete and accurate. I understand that submitting an incomplete or inaccurate application will result in the forfeiture of my application fee, and falsification of the information contained herein will result in the forfeiture of my biological pretreatment permit.

I understand that by signing this application I will be recognized as the person responsible for the company's compliance with Chapter 47 Article XI of the Code of Ordinances, Houston, Texas

Responsible Person: _____
(Print)

Affiant: _____
(Signature of Responsible Person)

Subscribe and sworn to before me by affiant this _____day of _____20 _____.

_____
NOTARY PUBLIC in and for
THE STATE OF TEXAS

My commission expires: _____