

VIRGINIA DEQ POULTRY WASTE BROKER REGISTRATION FORM

PLEASE TYPE OR PRINT ALL INFORMATION - ALL PARTS OF THIS FORM MUST BE COMPLETED

For DEQ Central Office Use Only:

Registration Number: _____

Initials: _____

Date: _____

Broker Contact Information

1. Poultry Waste Broker Name: _____

Business Name (if applicable): _____

Mailing Address: _____
Street

City _____ State _____ Zip _____

Telephone Numbers:

☐ Business ☐ Facsimile ☐ Mobile ☐ Home

☐ Business ☐ Facsimile ☐ Mobile ☐ Home

☐ Business ☐ Facsimile ☐ Mobile ☐ Home

☐ Business ☐ Facsimile ☐ Mobile ☐ Home

e-mail address: _____

2. The best time of day and day(s) of the week to contact the poultry waste broker:

Time: _____ Day(s): _____

Broker Operation Information

1. Do you have an existing VPA or VPDES permit? YES _____ NO _____ Permit Number: _____

Complete numbers 2 & 3 if you are utilizing, storing or managing poultry waste on property you own or lease:

2. The location of the operation where the poultry waste will be utilized, stored or managed:

3. The nearest waterbody to the operation where the poultry waste will be utilized, stored or managed:

4. **Certification:** "I certify under penalty of law that all the requirements of the Board for the general permit regulation are being met and 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."

Signature: _____ Date: _____

Print Name: _____