



**LICENSE APPLICATION - SCRAP IRON PROCESSOR**  
 NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY  
 DIVISION OF WASTE MANAGEMENT  
 Telephone: 701-328-5166 • Fax: 701-328-5200 • <https://deq.nd.gov/wm>  
 SFN-8382 (Rev: 6/2019)

Class A	Class B
License Number:	
Date Received:	
Date Approved:	

**READ INSTRUCTIONS AND LICENSE INFORMATION ATTACHED TO THIS FORM:**

Applicant:	Trade/Business Name:	Telephone:	
Mailing Address:	City:	State:	Zip Code:
Type of Business: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Other (Specify)			

**IF A PARTNERSHIP, CORPORATION, OR ASSOCIATION, LIST OFFICERS OR PARTNERS:**

NAME	TITLE	ADDRESS

**EQUIPMENT AVAILABLE (TRUCKS, LOADERS, ETC.):**

MAKE	YEAR	TYPE	OWNER	NUMBER OF EMPLOYEES
				Part-time:
				Full-time:
				Total:

**TYPE AND SIZE OF REDUCTION EQUIPMENT (IF APPLICABLE):**

MAKE	YEAR	TYPE	CAPACITY	OWNER

**OTHER OPERATIONAL EQUIPMENT (LOADERS, ENGINE PULLERS, WINCH TRUCKS, ETC.):**

MAKE	YEAR	TYPE	OWNER

**TRANSPORTATION EQUIPMENT (MUST HAVE PSC OR ICC CARRIER PERMITS):**

MAKE	YEAR	TYPE	OWNER

SUBSCRIBED AND SWORN TO BEFORE ME THIS:

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

NOTARY PUBLIC

COUNTY, ND

My Commission expires \_\_\_\_\_

I, the undersigned applicant, being duly sworn, depose and say that the information contained in and attached to this application is, to the best of my knowledge and belief, true and correct. If licensed, I will comply with all State and Federal laws and rules, and the conditions of this application and any license issued hereunder.

Applicant's Signature \_\_\_\_\_

Inquiries to: North Dakota Department of Environmental Quality  
 Division of Waste Management  
 918 E. Divide Ave. 3rd Floor  
 Bismarck, ND 58501-1947