

**Central Arkansas Regional Solid Waste Management District  
Serving Monroe, Prairie and Lonoke Counties**

**HAULERS INFORMATION SHEET**

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

# of Customers as of this date: \_\_\_\_\_

# of Trucks Used to Haul Trash \_\_\_\_\_

Disposal Site/s of Waste: \_\_\_\_\_

Average Daily Volume by tons or yards: \_\_\_\_\_

***Please be sure to include copy of insurance card for EACH truck being permitted.***

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1. MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YR \_\_\_\_\_

SIZE \_\_\_\_\_ PLATE NUMBER \_\_\_\_\_

EXPIRATION DATE OF CURRENT PLATE \_\_\_\_\_

VECHICLE IDENTIFICATION NUMBER (VIN) \_\_\_\_\_

2. MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YR \_\_\_\_\_

SIZE \_\_\_\_\_ PLATE NUMBER \_\_\_\_\_

EXPIRATION DATE OF CURRENT PLATE \_\_\_\_\_

VECHICLE IDENTIFICATION NUMBER (VIN) \_\_\_\_\_

3. MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YR \_\_\_\_\_  
SIZE \_\_\_\_\_ PLATE NUMBER \_\_\_\_\_  
EXPIRATION DATE OF CURRENT PLATE \_\_\_\_\_  
VECHICLE IDENTIFICATION NUMBER (VIN) \_\_\_\_\_
4. MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YR \_\_\_\_\_  
SIZE \_\_\_\_\_ PLATE NUMBER \_\_\_\_\_  
EXPIRATION DATE OF CURRENT PLATE \_\_\_\_\_  
VECHICLE IDENTIFICATION NUMBER (VIN) \_\_\_\_\_
5. MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YR \_\_\_\_\_  
SIZE \_\_\_\_\_ PLATE NUMBER \_\_\_\_\_  
EXPIRATION DATE OF CURRENT PLATE \_\_\_\_\_  
VECHICLE IDENTIFICATION NUMBER (VIN) \_\_\_\_\_
6. MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YR \_\_\_\_\_  
SIZE \_\_\_\_\_ PLATE NUMBER \_\_\_\_\_  
EXPIRATION DATE OF CURRENT PLATE \_\_\_\_\_  
VECHICLE IDENTIFICATION NUMBER (VIN) \_\_\_\_\_
7. MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YR \_\_\_\_\_  
SIZE \_\_\_\_\_ PLATE NUMBER \_\_\_\_\_  
EXPIRATION DATE OF CURRENT PLATE \_\_\_\_\_  
VECHICLE IDENTIFICATION NUMBER (VIN) \_\_\_\_\_