



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

DEP Form # 62-705.300(2)

Form Title: Application for Grease Waste Hauler
License

Effective Date: December 2025

Incorporated by Reference in Rule 62-705.300, F.A.C.

DEP Application No. (Completed by DEP)

APPLICATION FOR GREASE WASTE HAULER LICENSE

Pursuant to subsection 62-705.300(2), Florida Administrative Code, a hauler shall submit the following information on this form to the Department to obtain a grease waste hauler license and approval to transport grease waste.

License: **New**

Renewal

Part I- Business Information:

1. Business name of Hauler: WACS ID Number:
(Assigned by Department)
2. Other business names of Hauler (DBA's, if applicable):
3. Mailing address of Hauler:
City State Zip
4. Street address of Hauler (if different than mailing address)
City County State Zip
5. Telephone number of Hauler: Email address:
6. Have any enforcement actions been taken by the Department or other governmental agency against the applicant for violation of Department rules relating to the collection or disposal of grease waste? This includes any Complaint, Notice of Violation, revocation or suspension of a license, as well as any Consent Order in which a violation of Department rules is admitted. You are not required to include any instance where a Warning Letter, Warning Notice, Notice of Noncompliance, or other similar document was issued if no further enforcement action was taken by the Department or other governmental entity.
Yes No If yes, attach a history and description of the enforcement actions.

Part II- Company Point of Contact for Grease Waste Collection Operations:

1. Name of Point of Contact:
2. Telephone number of Point of Contact: Email address:

Part III- Processing and Disposal Information:

List all known locations where you will be **delivering** or **depositing** grease waste for recycling or disposal (attach additional sheets if necessary):

Name	Address	City	State
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Part IV. Certification

To the best of my knowledge and belief, I certify the information provided in this application is true, accurate, and correct. I have attached all documents and/or authorizations that are required. Further, the undersigned agrees to comply with the provisions of Chapter 403, Florida Statutes (F.S.), and all rules and regulations of the Department. Pursuant to s. 403.161(1), F.S., it shall be a violation of this chapter, and it shall be prohibited for any person to knowingly make any false statement, representation, or certification in any application, record, report, plan, or other document filed or required to maintained under this chapter.

Print Name of Officer or
Authorized Agent

Signature of Officer or
Authorized Agent

Date

Mail completed form to:

Florida Department of Environmental Protection
Division of Waste Management / Grease Waste
2600 Blair Stone Road, MS 4550
Tallahassee, Florida 32399-2400