



3. ASSOCIATED PROSESSORS:

Please list the disposal or processing sites who use your brokering services that receive York County generated Processible or Unprocessable Waste: (attach additional pages if needed)

Company Name	Contact	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. FEES: \$0.00

5. CERTIFICATION:

IT IS HEREBY CERTIFIED THAT:

- A. THE INFORMATION CONTAINED IN THIS REGISTRATION APPLICATION IS TRUE AND ACCURATE AND CONTAINS NO MATERIAL ERRORS OR OMISSIONS;
- B. THE APPLICANT SHALL, AS A CONDITION OF THE CONTINUED EFFECTIVENESS OF ANY REGISTRATION ISSUED HEREUNDER, OPERATE ITS BUSINESS IN ACCORDANCE WITH THE REQUIREMENTS OF THE REGISTRATION, ANY APPLICABLE STATUTES, ORDINANCES, ORDERS, RULES AND REGULATIONS AND STANDARDS OF THE COMMONWEALTH, THE COUNTY, OR THE AUTHORITY, AND IN ACCORDANCE WITH ALL APPLICABLE PROVISIONS OF THE PLAN, ACT 101 AND FEDERAL LAW; AND
- C. THE UNDERSIGNED IS A DULY AUTHORIZED REPRESENTATIVE OF THE APPLICANT

NAME: \_\_\_\_\_  
(type or print applicants name)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THE AUTHORITY HAS 30 CALENDAR DAYS, AFTER RECEIPT OF APPLICATION, TO APPROVE OR DISAPPROVE THIS APPLICATION.

**MAIL TO:**  
YORK COUNTY SOLID WASTE AUTHORITY  
2700 BLACKBRIDGE ROAD  
YORK, PENNSYLVANIA 17406  
**EMAIL:** wastemonitoring@ycswa.com

REGISTRATION APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(YCSWA signature only)

YCSWRA REGISTRATION NUMBER \_\_\_\_\_ (YCSWA use only)