

STATE OIL AND GAS BOARD OF ALABAMA



Transporter's Certificate of Eligibility to Transport Wastes

Transporter Code Number (To be filled in by Board)

Form OGB-25, Rev. 07/13 (File in triplicate)

New

Amended

Name of Operator _____ Date _____

Address _____ City _____ State _____ Zip _____

DESCRIPTION OF TRANSPORTATION OPERATION

Mode of Transportation _____ Number of Vehicles _____

County or Region _____

List of Operators you do business with: _____

General Description of Operation: _____

MODIFICATION OF CERTIFICATE

Reason: _____

Person to contact regarding this certificate

Phone Number

Fax Number

E-mail Address

Remarks:

The undersigned certifies that the above transporter has complied, or will comply, with all applicable requirements of Rule 400-1-9-.03, 400-2-8-.05, or 400-3-8-.02, whichever is applicable of the State Oil and Gas Board of Alabama Administrative Code, and the undersigned further certifies that conservation laws of the State of Alabama and all rules, regulations, and orders of the Board have been complied with in respect to the area covered by this certificate.

Executed this the _____ day of _____, 20 _____ Signature _____

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this _____ day of _____, 20 _____

SEAL

Notary Public in and for _____

My commission expires _____

County, _____

ACTION OF STATE OIL AND GAS BOARD

APPROVED BY _____ DATE _____