



Environmental Services

TEL 919 856 7400
FAX 919 743-4738

Solid Waste Management
P.O. Box 550 • Raleigh, NC 27602-0550

To: Wake County Hauler
Subject: Haulers Privilege License

Wake County's Solid Waste Ordinance Section 50.05 requires every person, firm, and corporation engaged in the collection of garbage, refuse, solid wastes, or recyclables in Wake County to be licensed. Haulers must renew their annual license by July 31 each year.

As one of the County's contracted waste haulers, your organization is required to have a haulers license.

Steps to obtain your organization's haulers license:

1. Complete the application form attached.
2. Submit a copy of your company's certification of liability insurance (COI) per instructions on the attached application.
3. Remit payment for \$100.00 made payable to Wake County Solid Waste Management Division
4. Mail the completed application, COI and a check for \$100 to the address below:

Wake County Solid Waste Management Division
Attention: Roy Baldwin
P.O. Box 550
Raleigh, NC 27602-0550

Once we receive your application, Certificate of Insurance and payment, we will process your application and send it to you in the mail. Please allow 4 - 6 weeks for processing. At that time, you will be in compliance with Wake County's Solid Waste Ordinance and will be permitted to utilize Wake County's solid waste facilities for the County's fiscal year (July 1 until June 30).

Wake County will send out renewal notices to currently licensed haulers no later than early June each year.

All questions should be directed to Roy Baldwin, Solid Waste Facilities Manager. He can be reached via email at roy.baldwin@wakegov.com or by phone at 919-856-5695.



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Hauler License Form

Company Information

Hauler license number: FOR OFFICE USE ONLY

Company name:

Mailing address:

Physical address:

Company web page:

Contact information

Main contact:

Title:

Email address:

Phone number:

Secondary contact:

Title:

Email address:

Phone number:

Fleet information

Number of vehicles
operating in your fleet:

Commercial General Liability Insurance

Policy Expiration Date:

Send in Certificate of Insurance:

☐

WITH SIGNED APPLICATION

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UPON RENEWAL OF POLICY

Signature

I authorize that the information provided on this form is true and accurate.

Signature of applicant:

Date:

OFFICE USE ONLY: Rec'd on

WCHList Updated CC Updated Scanned to File

Open Items