



INFORMATION NEEDED FOR NOI AND SWP3

1. Operator Information (PLEASE COMPLETE ONE FORM FOR EACH OPERATOR)

- a. Exact corporate name _____
- b. Physical address home office: _____

Is the mailing address the same as the physical address? Yes No

If No, please provide mailing address: _____

- c. Phone number _____ ext. _____
- d. Fax number _____ Email: _____
- e. Type of Operator: Individual Corporation Partnership
 Sole Proprietor/DBA Federal Government
- f. Number of employees (circle one): 0-20 | 21-100 | 101-250 | 250-500 | 500+
- g. Federal Tax ID No. _____
- h. State Franchise Tax I.D. No.: _____
- i. DUNS No: _____

2. Signatory information

- a. Who will be signing for Operator: (CAVEAT - It should be an officer, director, owner, partner, etc. for coverage to be valid)

Name: _____

Title: _____

3. Will there be a concrete or asphalt batch plant located on the site? _____

4. Will there be fuel storage tanks located on the site? _____ Est. Gallons _____

If you have any questions, please contact me.

John Larkin
Larkin Environmental