

Rappahannock Regional Solid Waste Management Board

489 Eskimo Hill Road • Stafford, Virginia 22554 • 540-658-5279 • FAX 540-658-4523

Vehicle Self-Inspection FY24

Applicant Information

	11	Date of Application:			
Company Name:		Owner Name:			
Representative Name:		Contact Phone Number:			
Company Address:		Alternative Phone Number:			
		Contact E-Mail:			

Instructions: Fill out the Vehicle Information section for all vehicles seeking a permit. Verify that all vehicles pass the Vehicle Checklist for All Types, as well as the specific vehicle type. Sign and date the Certification section to certify that all information is correct. **Return this form with your application.** The R-Board will issue Permit # after vehicles are inspected.

All permitted vehicles may be randomly inspected by R-Board Staff to ensure compliance with rules and regulations. Any non-compliance must be corrected and re-inspected by R-Board Staff before regaining use of the landfill.

Vehicle Information			For R-Board Use Only				
License Plate	Truck Type	Unit #	Vehicle VIN	Fire Extingui sher	Backup Alarm	Permit #	Notes
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date of application:_____

Vehicle Information Continued			For R-Board Use Only					
License Plate	Truck Type	Unit #	Vehicle VIN	Fi Extin sh	ngui	Backup Alarm	Permit #	Notes
						Total P	ermits Iss	sued:
						Tota	l Permit I	Fees:



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BURG	Vehicle Checklist Vehicle ID:_					Date:
1.	All Types					Notes:
a.	Current Registration		Yes		No	
b.	Valid State or DOT Inspection		Yes		No	
c.	Fire Extinguisher 5 lb ABC (min.)		Yes		No	
d.	Backup Alarm		Yes		No	
e.	No Excessive Fluid Leaks		Yes		No	
f.	No Body Leaks		Yes		No	
g.	Mud/Snow or Steel Belted Radial Tires		Yes		No	
2.	Compactor / Type					Notes:
a.	Functional Compactor Mechanism		Yes		No	
b.	Adequate Compactor Seals		Yes		No	
c.	Adequate Hydraulic System		Yes		No	
d.	Other		Yes		No	
_						
3.	Roll-off Box / Type	_		_		Notes:
a.	Adequate Hydraulic System		Yes		No	
b.	Adequate Tie Down Capabilities		Yes		No	
c.	Adequate Cover		Yes		No	
d.	Other		Yes		No	
4						N. A.
4.	Other / Describe		N 7		NT	Notes:
a.	Adequate Tie Down Capabilities		Yes		No	
b.	Adequate Cover		Yes		No	
c.	Other		Yes		No	





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Please mail your renewal package and vehicle self-inspections to: Kimberly Sowers Landfill Scale House & Maintenance Manager 473 Eskimo Hill Road Stafford, VA 22554

If the recipient of the stickers is different than the representative stated in the applicant information section, please fill below:

Name:	Contact Phone Number:Alternative Phone
	Contact E-Mail:

Certification	

The owner/representative listed above certify and affirm that all information presented in this application is true and correct, and that any documents presented to the Rappahannock Regional Solid Waste Management Board are genuine. In addition, any supporting documentation is true and accurate. The Code of Ordinances for Stafford County regarding solid waste can be found under Chapter 21 at https://library.municode.com/va/stafford_county/codes/code_of_ordinances?nodeId=COCO_CH21SOWA

This certification states that the owner or authorized representative understands the requirements for collecting waste in Stafford County and that the vehicles(s) meet all the requirements necessary to provide waste collection within Stafford County.

Owner/Authorized Representative Signature	Date (mm/dd/yyyy)