



Rappahannock Regional Solid Waste Management Board

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

Vehicle Self-Inspection FY25

Applicant Information

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				<i>For R-Board Use Only</i>			
License Plate	Truck Type	Unit #	Vehicle VIN	<i>Fire Extinguisher</i>	<i>Backup Alarm</i>	<i>Permit #</i>	<i>Notes</i>



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Vehicle Checklist

Vehicle ID: _____

Date: _____

1.	All Types			Notes:
a.	Current Registration	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
b.	Valid State or DOT Inspection	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
c.	Fire Extinguisher 5 lb ABC (min.)	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
d.	Backup Alarm	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
e.	No Excessive Fluid Leaks	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
f.	No Body Leaks	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
g.	Mud/Snow or Steel Belted Radial Tires	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
2.	Compactor / Type			Notes:
a.	Functional Compactor Mechanism	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
b.	Adequate Compactor Seals	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
c.	Adequate Hydraulic System	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
d.	Other	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
3.	Roll-off Box / Type			Notes:
a.	Adequate Hydraulic System	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
b.	Adequate Tie Down Capabilities	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
c.	Adequate Cover	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
d.	Other	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
4.	Other / Describe			Notes:
a.	Adequate Tie Down Capabilities	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
b.	Adequate Cover	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____
c.	Other	<input type="checkbox"/>	Yes <input type="checkbox"/> No	_____



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Please mail your renewal package and vehicle self-inspections to:

Susan Carpenter
Assistant Landfill Superintendent
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
Mailing Address: _____ Number: _____
Contact E-Mail: _____

Certification

The owner/representative listed above certifies and affirms 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)