

MATERIALS INNOVATION AND RECYCLING AUTHORITY
REGISTRATION INSTRUCTIONS

These instructions are to be used by parties that deliver or remove waste or waste byproducts from any Materials Innovation and Recycling Authority (MIRA) facility. Prior to MIRA authorizing admittance to any facility, parties are required to complete the enclosed application form(s) and submit it to MIRA for approval before permits may be issued.

NOTE: ALL VEHICLES MUST HAVE AUTOMATIC / MECHANICAL DUMPING CAPABILITIES. NO HAND UNLOADING

INSTRUCTIONS

1. Permit Application Form (all applicants must complete Part I - IV)

- A.** Part I - General Information
- B.** Part II - Vehicle Information
- C.** Part III – Guaranty of Payment Worksheet
- D.** Part IV - Terms and Conditions
- E.** Part V - Solid Waste Delivery Agreement (Required for Waste Haulers, as defined in the Procedures)

2. Attachments

A. Certificate(s) of Insurance

Sample ACORD form enclosed. Must meet the required limits of liability listed in the Permitting, Disposal and Billing Procedures (“Procedures”).

B. Guaranty of Payment

Must meet the required limits as listed in the Procedures and remain valid through June 30th of each fiscal year.

Acceptable Forms for Security includes Financial Guarantee Bond [**B1**] (required language enclosed), Bank Letter of Credit [**B2**] (required language enclosed) or a Cashier’s Check.

C. Current Fiscal Year Pricing Tables

3. Permit Fees (per vehicle)

Payment is required for permits fees when submitting your application. Permit fees are NOT pro-rated. Prices shown below are per vehicle.

Customer	Municipalities	Non-Municipalities
One Facility	\$0.00	\$100.00
Replacement Permit(s)	\$0.00	\$25.00

Upon approval of your application, MIRA will issue separate permits for each registered vehicle(s). Each permit must be affixed to its respective vehicle in accordance with the Procedures.

Please return all documents to:

MATERIALS INNOVATION AND RECYCLING AUTHORITY
ATTN: BILLING DEPARTMENT
200 CORPORAT PLACE – SUITE 202
ROCKY HILL, CT 06067

Should you have any questions please contact MIRA's BILLING DEPARTMENT at (860) 757-7700

MATERIALS INNOVATION AND RECYCLING AUTHORITY
PERMIT APPLICATION FORM

PART I: GENERAL INFORMATION

A. MIRA Division(check box for each facility to be used):

CT Solid Waste System (CSWS)		Other	
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B. Company Information (Street Address only - No Post Office Boxes)

Company Name: _____

Address: _____

Town, State, Zip Code: _____ Contact _____

Telephone # (____) _____ Fax # (____) _____

E-Mail: _____

C. Billing Address (if different from above)

Company Name: _____

Address: _____

Town, State, Zip Code: _____

D. Bill Payer's Federal Tax I.D. # _____ **OR Social Security #** _____

E. Type of Business

Sole Prop. _____ Partnership _____ LLC _____ Corp. _____ Municipal. _____
Required – Listing of All Owners and/or Officers of Corporation (See Table on Reverse Side)

F. Is your company required by law to carry Workers' Compensation Coverage? Yes _____ No _____

G. Describe waste to be delivered (e.g., household waste, pallets, cardboard, etc.) See definitions in Procedures for Acceptable Waste _____

H. Have you ever received a permit from MIRA before? Yes _____ No _____
If yes, please provide account number and expiration date of permit(s), if known. _____

I. INCLUDE: Proof of insurance (Certificate of Insurance) as required by the Procedures.

J. INCLUDE: Submit Guaranty with application as determined in Part IV (Guaranty of Payment).

K. INCLUDE: Applicable amount for permit fees per vehicle (cash or company check)

MIRA USE ONLY: Date Received: _____ Account Number: _____

Reviewed By: _____ Title: _____ Date: _____

MATERIALS INNOVATION AND RECYCLING AUTHORITY
PERMIT APPLICATION FORM (Cont'd)

Corporation Owners and/or Officers Listing

_____	_____
Title	Name
_____	_____
Title	Name
_____	_____
Title	Name
_____	_____
Title	Name
_____	_____
Title	Name

MATERIALS INNOVATION AND RECYCLING AUTHORITY
PERMIT APPLICATION FORM (Cont'd)

PART II: VEHICLE INFORMATION

Vehicle #1

Vehicle #2

<i>MIRA Use Only</i> Paid \$	PERMIT # Date:	<i>MIRA Use Only</i> Paid \$	PERMIT # Date:
Current Permit # (if applicable):		Current Permit # (if applicable):	
COMPANY TRUCK #:		COMPANY TRUCK #:	
LICENSE PLATE # :		LICENSE PLATE # :	
MAKE OF VEHICLE:		MAKE OF VEHICLE:	
MODEL:		MODEL:	
VEHICLE TYPE (Use Codes below):		VEHICLE TYPE (Use Codes below):	
YEAR:		YEAR:	
VIN #		VIN #	
* OWNER'S NAME:		* OWNER'S NAME:	

Vehicle #3

Vehicle #4

<i>MIRA Use Only</i> Paid \$	PERMIT # Date:	<i>MIRA Use Only</i> Paid \$	PERMIT # Date:
Current Permit # (if applicable):		Current Permit # (if applicable):	
COMPANY TRUCK #:		COMPANY TRUCK #:	
LICENSE PLATE # :		LICENSE PLATE # :	
MAKE OF VEHICLE:		MAKE OF VEHICLE:	
MODEL:		MODEL:	
VEHICLE TYPE (Use Codes below):		VEHICLE TYPE (Use Codes below):	
YEAR:		YEAR:	
VIN #		VIN #	
* OWNER'S NAME:		* OWNER'S NAME:	

Vehicle Type Codes: DT - Dump Truck FL - Front Loader RL - Rear Loader RO - Roll off
 RY – Recycling SL - Side Loader TO - Toter/Can Carrier TR - Tractor

* **NOTE:** If the vehicles listed above are **NOT OWNED and/or REGISTERED** under the company name that appears on this application, you must list the name of the company in the section marked OWNERS NAME and provide a Certificate of Insurance for this company,

**** Make Additional Copies of this Page if Needed ****

MATERIALS INNOVATION AND RECYCLING AUTHORITY
PERMIT APPLICATION FORM (Cont'd)

PARTICIPATING TOWNS **

1. Not all materials/products are accepted from every town. Refer to the Appropriate Price Listing (Attachment C) for details.
2. Some towns may have individual permitting requirements. Please check with each town before you begin deliveries. If you are already permitted with the town, please indicate below.

(Circle Towns Hauling From)

<u>Tier 1 Long-Term</u>	Town Permit	<u>Tier 1 Short-Term</u>	Town Permit	Other Connecticut Towns
	Y / N		Y / N	Please list other towns you want to deliver from:
Avon	_____	Beacon Falls	_____	_____
Bethlehem	_____	Durham	_____	_____
Bloomfield	_____	Haddam	_____	_____
Canaan	_____	Hartford	_____	_____
Canton	_____	Middlefield	_____	_____
Clinton	_____	Middlebury	_____	_____
Colebrook	_____	Naugatuck	_____	_____
Cornwall	_____	Oxford	_____	_____
Deep River	_____	Salisbury	_____	_____
East Granby	_____	Sharon	_____	_____
East Hampton	_____	Simsbury	_____	_____
Ellington	_____	Woodbury	_____	_____
Essex	_____			_____
Farmington	_____			_____
Granby	_____	<u>Tier 2</u>		_____
Glastonbury	_____	Manchester	_____	_____
Goshen	_____		_____	_____
Harwinton	_____		_____	_____
Killingworth	_____		_____	_____
Litchfield	_____		_____	_____
Lyme	_____		_____	_____
Marlborough	_____	<u>Tier 3</u>		_____
Norfolk	_____	Chester	_____	_____
North Canaan	_____	Thomaston	_____	_____
Old Lyme	_____			_____
Old Saybrook	_____			_____
Portland	_____			_____
Rocky Hill	_____			_____
Roxbury	_____			_____
RRDD#1 (*)	_____			_____
Torrington	_____			_____
Watertown	_____			_____
Wethersfield	_____			_____

* Includes Barkhamsted, Winchester, New Hartford

** MIRA submits a monthly report to the towns which showing deliveries by hauler.

MATERIALS INNOVATION AND RECYCLING AUTHORITY
PERMIT APPLICATION FORM (Cont'd)

PART III: GUARANTY OF PAYMENT WORKSHEET

As a condition of permitting, the Authority requires all companies to have a guaranty of payment equivalent to at least two (2) months' worth of disposal fees. Please complete the following worksheet to calculate the estimated guaranty of payment. When calculating the guaranty of payment, please include all types of waste to be delivered to the Authority.

Connecticut Solid Waste System				
	<i>Example:</i> <i>MSW</i>	<i>Example</i> <i>NPW</i>	<i>Example</i> <i>Recycling</i>	<i>Example</i> <i>Other</i>
1. Type of Waste (a)				
2. Estimated Monthly Deliveries (b)	Tons	Tons	Tons	Tons
3. Enter Price Per Ton (c)	\$	\$	\$	\$
4. Multiple line 2 times line 3	\$	\$	\$	\$
5. Required (d)	x 2 Month	x 2 Month	x 2 Month	x 2 Month
6. Multiple line 4 times line 5	\$	\$	\$	\$
Add all rows of line 6 (e)	\$			

- a. Include any Acceptable Waste to be delivered to the Authority as defined in the Procedures.
- b. Estimate should be based upon the average deliveries of Acceptable Waste (tons) per month.
- c. Use the cost per ton of waste as shown on the attached MIRA price listings or your contract amount, if it is different.
- d. The Procedures requires a guaranty of payment of at least two (2) months' worth of disposal fees.
- e. This is the amount you must submit with your application to fulfill the Guaranty of Payment Requirement.

TYPE OF GUARANTY

A. Bond or Letter of Credit

If your guaranty of payment will be in the form of a Bank Letter of Credit or Financial Guaranty Bond, please instruct your agent to use the MIRA required format. (Sample formats are located in the attachment section of this application)

B. Cash Deposits

If your guaranty of payment will be a cash deposit, please submit a Bank or Certified Check with your application. Please **do not** include this amount with your permit fee.

MATERIALS INNOVATION AND RECYCLING AUTHORITY
PERMIT APPLICATION FORM (Cont'd)

PART V: SOLID WASTE DELIVERY AGREEMENT

REQUIRED FOR "WASTE HAULERS" ONLY

De-attached from this package

This document applies to the delivery of Municipal Solid Waste from participating towns (Tier 1 through Tier 3 towns). Please execute this agreement (two originals are required) and return with your application. After review and completion by MIRA, one copy will be returned to you for your files.

Questions regarding this document should be directed to MIRA's Operations Senior Analyst at (860) 757-7700.

ATTACHMENTS

ATTACHMENT A – SAMPLE CERTIFICATE OF INSURANCE (ACORD Form)

ATTACHMENT B – GUARANTY OF PAYMENT

B1 SAMPLE FINANCIAL GUARANTEE BOND (Required Format For All Bonds)

B2 SAMPLE BANK LETTER OF CREDIT (Required Format For All Letters of Credit)

ATTACHMENT C – CURRENT FISCAL YEAR PRICING TABLES

ATTACHMENT A

SAMPLE CERTIFICATE OF INSURANCE

See required Limits of Liability as outlined in the Project Permitting, Disposal and Billing Procedures

ACORD	CERTIFICATE OF INSURANCE	ISSUED DATE (MM/DD/YY)																																																																													
1 Agent/Broker's name & address	Producer HAPPY INSURANCE CO. 44 MAIN STREET HOME TOWN, USA 888888	This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">3</td> <td style="width: 50%;"></td> </tr> <tr> <td>COMPANY LETTER</td> <td style="text-align: center;">A</td> </tr> <tr> <td>COMPANY LETTER</td> <td style="text-align: center;">B</td> </tr> <tr> <td>COMPANY LETTER</td> <td style="text-align: center;">C</td> </tr> <tr> <td>COMPANY LETTER</td> <td style="text-align: center;">D</td> </tr> <tr> <td>COMPANY LETTER</td> <td style="text-align: center;">E</td> </tr> </table>	3		COMPANY LETTER	A	COMPANY LETTER	B	COMPANY LETTER	C	COMPANY LETTER	D	COMPANY LETTER	E																																																																	
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2 Your business name & address	Insured ABC HAULING CO. INC. 111 OLD TOWN ROAD HOME TOWN, USA 88888																																																																														
3 Name of Insurance companies issuing your policies.																																																																															
4 Coverage you carry.																																																																															
5 MIRA must be listed as an additional insured																																																																															
4 coverages																																																																															
6 30 days cancellation notice required	This is to certify that the policies of insurance listed below have been issued to the insured name above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies, limits shown may have been reduced by paid claims																																																																														
7 MIRA must have the ORIGINAL certificate bearing the original signature.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">co itr</th> <th style="width: 30%;">TYPE OF INSURANCE</th> <th style="width: 10%;">POLICY NUMBER</th> <th style="width: 10%;">POLICY EFFECTIVE DATE (MM/DD/YY)</th> <th style="width: 10%;">POLICY EXPIRATION DATE (MM/DD/YY)</th> <th style="width: 35%;">LIMITS</th> </tr> </thead> <tbody> <tr> <td rowspan="5" style="text-align: center; vertical-align: middle;">A</td> <td> GENERAL LIABILITY <input checked="" type="checkbox"/> commercial general liability <input type="checkbox"/> [] claims made <input checked="" type="checkbox"/> occur <input type="checkbox"/> owner's & contractor's prot <input type="checkbox"/> [] <input type="checkbox"/> [] </td> <td></td> <td></td> <td></td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">GENERAL AGGREGATE</td> <td style="width: 20%; 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5 ADDITIONAL INSURED: MATERIALS INNOVATION AND RECYCLING AUTHORITY																																																																															
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CANCELLATION																																																																															
8	Materials Innovation and Recycling Authority Attn: Billing Department 200 Corporate Place -Suite 202 Rocky Hill, CT 06067	Should any of the above described policies be canceled before the expiration date thereof, the issuing company will endeavor to mail 6 30 DAYS written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. Authorized Representative 7																																																																													

ATTACHMENT A
(Reverse Side)

MIRA'S INSURANCE REQUIREMENTS
(ALL PERMITTEES & SUBCONTRACTOR MUST MEET THESE LIMITS)
as stated in Permitting, Disposal and Billing Procedures

Each Permittee shall procure and maintain, at its own cost and expense, throughout the term of any permit issued to such Permittee, the following insurance, including any required endorsements thereto and amendments thereof:

Commercial general liability insurance alone or in combination with, commercial umbrella insurance with a limit of not less than one million (\$1,000,000.00) dollars each occurrence covering liability arising from premises, operations, independent contractors, products-completed operations, personal injury and advertising injury, and liability assumed under an insurance contract (including the tort liability of another assumed in a business contract).

Business automobile liability insurance alone or in combination with commercial umbrella insurance covering any auto (including owned, hired, and non-owned autos), with a limit of not less than one million (\$1,000,000.00) dollars each accident.

Workers' compensation insurance with statutory limits and employers' liability limits of not less than five hundred thousand (\$500,000.00) dollars each accident for bodily injury by accident and five hundred thousand (\$500,000.00) dollars for each employee for bodily injury by disease.

Each applicant or Permittee shall submit along with its permit or permit renewal application to the Authority an executed original certificate or certificates for each above required insurance certifying that such insurance is in full force and effect and setting forth the requisite information referenced in Section 3.1(c) below. Additionally, each Permittee shall furnish to the Authority within thirty (30) days before the expiration date of the coverage of each above required insurance a certificate or certificates containing the information required in Section 3.1(e) below and certifying that such insurance has been renewed and remains in full force and effect.

All policies for each insurance required above shall:

- Name the Authority as an additional insured (this requirement shall not apply to automobile liability or workers' compensation insurance);
- Include a standard severability of interest clause;
- Provide for not less than thirty (30) days' prior written notice to the Authority by registered or certified mail of any cancellation, restrictive amendment non-renewal or change in coverage;
- Hold the Authority free and harmless from all subrogation rights of the insurer; and
- Provide that such required insurance hereunder is the primary insurance and that any other similar insurance that the Authority may have shall be deemed in excess of such primary insurance.

All policies for each insurance required above shall be issued by insurance companies that are either licensed by the State of Connecticut and have a Best's Key Rating Guide of A-VII or better, or otherwise deemed acceptable by the Authority in its sole discretion.

Subject to the terms and conditions of this Section 3.1, any applicant or Permittee may submit to the Authority documentation evidencing the existence of umbrella liability insurance coverage in order to satisfy the limits of coverage required hereunder for commercial general liability, business automobile liability insurance and employers' liability insurance.

If any Permittee fails to comply with any of the foregoing insurance procedures, then the Authority may in its sole discretion deny such Permittee any further access to the Facilities and/or suspend or revoke its permit for same.

No provision of this Section 3.1 shall be construed or deemed to limit any Permittee's obligations under these procedures to pay damages or other costs and expenses.

The Authority shall not, because of accepting, rejecting, approving, or receiving any certificates of insurance required hereunder, incur any liability for:

- The existence, nonexistence, form or legal sufficiency of the insurance described on such certificates,
- The solvency of any insurer, or
- The payment of losses.

For purposes of this Section 3, the terms applicant or Permittee shall include any subcontractor thereof.

Indemnification

Permittee shall at all times defend, indemnify and hold harmless the Authority, any Operator and their respective directors, officers, employees and agents on account of and from and against any and all liabilities, actions, claims, damages, losses, judgments, fines, workers' compensation payments, costs and expenses (including but not limited to attorneys' fees and court costs) arising out of injuries to the person (including death), damage to property or any other damages alleged to have been sustained by: (a) the Authority, any Operator, or any of their respective directors, officers, employees, agents or subcontractors or (b) Permittee or any of its directors, officers, employees, agents or subcontractors, or (c) any other person, to the extent any such injuries or damages are caused or alleged to have been caused, in whole or in part, by the acts, omissions and/ or negligence of Permittee or any of its directors, officers, employees, agents or subcontractors. Permittee further undertakes to reimburse the Authority for damage to property of the Authority caused by Permittee or any of its directors, officers, employees, agents or subcontractors. The existence of insurance shall in no way limit the scope of this indemnification. Permittee's obligations under this Section 3.2 shall survive the termination or expiration of Permittee's permits.

ATTACHMENT B1

FINANCIAL GUARANTEE BOND SAMPLE FORMAT

Please Use This Format For All Financial Guaranteed Bonds

FINANCIAL GUARANTEE BOND

BOND #

Know all men by these presents, that **(NAME OF HAULER)**, a **(STATE OF HAULER'S INCORPORATION)** corporation, as principal, and **(NAME OF SURETY)**, a **(STATE OF SURETY'S INCORPORATION)** corporation, as surety, are held and firmly bound unto Materials Innovation and Recycling Authority ("MIRA"), in the sum of \$_____, lawful money of the United States of America, to be paid to the said MIRA, its successors or assigns, for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

This Bond is to be effective from **(DATE)** to **(DATE)** (The "Expiration Date").

The condition of this obligation is such that, whereas, the above-bounded principal agrees to pay to MIRA all charges including, but not limited to Disposal Charges, Penalties, Fines, Interest Charges, and Adjustments incurred at All MIRA Waste Processing Facilities, Landfills, Transfer Stations, and Recycling Facilities.

It is understood by the undersigned parties that should the principal be delinquent in the above described payments, MIRA will then notify **(NAME OF SURETY)** in writing of MIRA's claim and **(NAME OF SURETY)** shall immediately pay the amount of such claim to MIRA, subject to the terms of this bond.

Now, therefore, if the above described payments are well and truly made, then the bond shall be null and void, otherwise it shall remain in full force and effect. It is a condition of this bond that it is deemed to be automatically extended without amendment for one (1) year from the expiration date hereof, or any future expiration date, unless sixty (60) days prior to the expiration date hereof (or any future expiration), **(NAME OF SURETY)** notifies MIRA by registered mail that **(NAME OF SURETY)** elects not to renew this bond.

In Witness whereof, we have set our hands and seals this _____ day of _____, 200__.

By: _____
(SURETY COMPANY)

By: _____
(NAME OF HAULER)

Signed, Sealed, and Accepted
Materials Innovation and Recycling Authority

By: _____
Authorized Signature

Title

ATTACHMENT B2

SAMPLE BANK LETTER OF CREDIT
Please Use This Format For All Letters Of Credits
(To be issued by a Bank pre-approved by MIRA)

LETTER OF CREDIT

(Name & Address of Issuing Bank

Irrevocable Letter of
Credit No. _____

Issuance Date: _____

Beneficiary

Expiration Date: _____

Materials Innovation and Recycling Authority
200 Corporate Place – Suite 202
Rocky Hill, CT 06067

Gentlemen:

We hereby establish our Irrevocable Letter of Credit **No.** _____ in favor of the Materials Innovation and Recycling Authority (the "Beneficiary"), at the request and for the account of **[name and address of company]** for the sum or sums up to the aggregate amount of _____ and 00/100 in U.S. Dollars (\$ _____ .00) available for payment against your draft(s) at sight on us.

Drafts must be drawn and presented to us at the office address noted above not later than our close of business on _____, **200** or any duly extended expiration date, and each draft must bear the following clause: "Drawn Under Letter of Credit **No.** _____."

Drafts must be accompanied by a certified statement from the Beneficiary that **[name of company]** has failed to satisfy or perform one or more of its obligations to Beneficiary.

Partial drawings hereunder are permitted. Each draft must also be accompanied by this Letter of Credit and any person paying drafts drawn hereunder must note the date and amount of the draft on the reverse side hereof.

We hereby agree with you that drafts drawn under and in compliance with the above terms of this Letter of Credit shall be duly and promptly honored on due presentation and delivery to us on or before the above-referenced expiration date or any duly extended expiration date.

The term "Beneficiary" includes any successor by operation of law of the named Beneficiary including, without limitation, any liquidator, rehabilitator, receiver or conservator.

Except as expressly stated herein, this undertaking is not subject to any agreement, condition or qualification. The obligation of **[name of the issuing Bank]** under this Letter of Credit is the individual obligation of **[name of the issuing Bank]** and is in no way contingent upon reimbursement with respect thereto.

This Letter of Credit shall be automatically extended without amendment for one (1) year from the expiration date hereof, or any future expiration date, unless not later than sixty (60) days prior to the expiration date stated above or the then current expiration date we notify you by registered mail that we elect not to renew this Letter of Credit for any such additional period.

We hereby agree that all drafts drawn under and in compliance with the terms of this Letter of Credit will be duly honored by us at your first demand, notwithstanding any contestation or dispute between you and **[name of company]**, if presented to us in accordance with the provisions hereof.

This Letter of Credit is subject to and governed by the laws of the State of Connecticut, the decisions of the courts of that state, and the Uniform Customs and Practice for Documentary Credits (2007 Revision) International Chamber of Commerce Publication No. 600, and in the event of any conflict, the laws of the State of Connecticut and the decision of the courts of that state will control. If this Letter of Credit expires during an interruption of business of this bank as described in Article 17 of said Publication 600, **[name of issuing Bank]** hereby specifically agrees to effect payment if this Letter of Credit is drawn against within thirty (30) days after the resumption of business from such interruption.

Very truly yours,

Authorized Signature for
[name of issuing Bank]

ATTACHMENT C

CURRENT FISCAL YEAR PRICING TABLES

**INSERT APPROPRIATE
CURRENT PRICE LISTING**

LISTED SEPARATELY