



**APPLICATION FOR BRINE TRANSPORTER REGISTRATION  
 OR MODIFICATION OF DISPOSAL PLAN (Form 12)**

(REV0114)

APPLICATION	MODIFICATION	DATE
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**I. APPLICANT'S NAME:** \_\_\_\_\_ **REGISTRATION NUMBER:** \_\_\_\_\_  
(IF MODIFICATION)

**DOING BUSINESS AS (TRADE NAME, IF ANY):** \_\_\_\_\_

**APPLICANT'S ADDRESS:** \_\_\_\_\_  
(STREET)

\_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE)

**PRINCIPAL BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE):** \_\_\_\_\_  
(STREET)

\_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE)

**COUNTY:** \_\_\_\_\_ **APPLICANT'S PHONE NUMBER:** (\_\_\_\_\_) \_\_\_\_\_  
(AREA CODE)

**BUSINESS PHONE NUMBER (IF DIFFERENT):** (\_\_\_\_\_) \_\_\_\_\_  
(AREA CODE)

**II. VEHICLES (ATTACH ADDITIONAL PAGES IF NECESSARY):**

YEAR/MAKE	VIN NUMBER	STATE OF REGISTRATION
_____/____	_____	_____
_____/____	_____	_____
_____/____	_____	_____
_____/____	_____	_____
_____/____	_____	_____
_____/____	_____	_____
_____/____	_____	_____
_____/____	_____	_____

**III. DISPOSAL METHODS AND SITES (ATTACH ADDITIONAL PAGES IF NECESSARY):**

<u>SALTWATER INJECTION/ENHANCED RECOVERY</u>		<u>STORAGE, TREATMENT, PROCESSING, OR RECYCLING FACILITY</u>	
COUNTY/TOWNSHIP	PERMIT NUMBER	COUNTY/TOWNSHIP	FACILITY NAME
_____/____	_____	_____/____	_____
_____/____	_____	_____/____	_____
_____/____	_____	_____/____	_____
_____/____	_____	_____/____	_____
_____/____	_____	_____/____	_____
_____/____	_____	_____/____	_____
_____/____	_____	_____/____	_____
_____/____	_____	_____/____	_____



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**IV. SURFACE APPLICATION POINTS:**

**EXAMPLE(S):**

**A) APPLICATION POINTS:** \_\_\_\_\_

COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ OTHER: \_\_\_\_\_

RESOLUTION APPROVED BY: \_\_\_\_\_ WRITTEN PLAN APPROVED: YES  NO

**B) APPLICATION POINTS:** \_\_\_\_\_

COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ OTHER: \_\_\_\_\_

RESOLUTION APPROVED BY: \_\_\_\_\_ WRITTEN PLAN APPROVED: YES  NO

1) APPLICATION POINTS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ OTHER: \_\_\_\_\_

RESOLUTION APPROVED BY: \_\_\_\_\_ WRITTEN PLAN APPROVED: YES  NO

2) APPLICATION POINTS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ OTHER: \_\_\_\_\_

RESOLUTION APPROVED BY: \_\_\_\_\_ WRITTEN PLAN APPROVED: YES  NO

3) APPLICATION POINTS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ OTHER: \_\_\_\_\_

RESOLUTION APPROVED BY: \_\_\_\_\_ WRITTEN PLAN APPROVED: YES  NO

4) APPLICATION POINTS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ OTHER: \_\_\_\_\_

RESOLUTION APPROVED BY: \_\_\_\_\_ WRITTEN PLAN APPROVED: YES  NO

5) APPLICATION POINTS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ OTHER: \_\_\_\_\_

RESOLUTION APPROVED BY: \_\_\_\_\_ WRITTEN PLAN APPROVED: YES  NO

6) APPLICATION POINTS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ OTHER: \_\_\_\_\_

RESOLUTION APPROVED BY: \_\_\_\_\_ WRITTEN PLAN APPROVED: YES  NO

7) APPLICATION POINTS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ OTHER: \_\_\_\_\_

RESOLUTION APPROVED BY: \_\_\_\_\_ WRITTEN PLAN APPROVED: YES  NO

8) APPLICATION POINTS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ OTHER: \_\_\_\_\_

RESOLUTION APPROVED BY: \_\_\_\_\_ WRITTEN PLAN APPROVED: YES  NO

