| **INSTRUCTIONS** |
| --- |
| 1. Provide this checklist to your primary POC 2. Ask them to complete Table 1 3. Upon completion, submit to [ACTCompliance@ACTenviro.com](mailto:ACTCompliance@ACTenviro.com) to complete Table 2 |

Table 1:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL INFORMATION – Carrier** | | | | | | | | | | | | | | | |
| Company Name/ DBA: | | | **ACV Environmental Services, Inc.** | | | | | | | | | Years In Business**: 38** | | | |
| Physical Address: | | | **1500 Rahway Avenue, Avenel, NJ** | | | | | | | | | | | | |
| MC# **251842** | US/State DOT# **0345921** | | | | | | | SCAC Code: **APVE** | | | EPA ID#: | | | | US DOT PHMSA#: |
| For which states do you have specific hazardous materials / hazardous waste permits? | | | | | | | | | | | | | | | |
| **STATE** | | | | **PERMIT** | | | | | | | | | | **PERMIT #** | |
|  | | | |  | | | | | | | | | |  | |
| **CONTACT INFORMATION** | | | | | | | | | | | | | | | |
|  | | Name | | | | | Telephone # | | Ext. | E-mail | | | | | |
| Compliance | | **Donna Miller** | | | | | **732-375-9988** | |  | **dmiller@acvenviro.com** | | | | | |
| Claims Administration | | **Donna Miller** | | | | | **732-375-9988** | |  | **dmiller@acvenviro.com** | | | | | |
| **VERIFICATION & INSURANCE** | | | | | | | | | | | | | | | |
| Broker:  Yes  No  Carrier shall not under any circumstance broker shippers loads to another Carrier | | | | | Provide a certificate of Insurance which indicates Advanced Chemical Transport, Inc., as an additional insured to this address: | | | | | | | | Advanced Chemical Transport, Inc.  DBA ACTenviro  967 Mabury Road  San Jose, CA 95133 | | |
|  | | | | | | | | | | | | | | | |
| Signature: | | | | | | Date: | | | | | | | | | |

Table 2:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ACT VERIFICATION CHECK – Shipper** | | | | | | | |
| Indicate that the following documents are included with this questionnaire: | | | | | | | |
|  | Copy of Carrier’s feedback ratings on the Carrier411.com website – *attach copy of ‘due diligence certificate’* | | |  | | Certificate of Insurance which indicates Advanced Chemical Transport, Inc., as an additional insured | |
| Additional Questions / Verifications: | | | | | | | |
|  | | Is the EPA ID# active? Search: [Search by Site | US Environmental Protection Agency (epa.gov)](https://rcrapublic.epa.gov/rcrainfoweb/action/modules/hd/handlerindex) or obtain copy | | | | | |
|  | | Do their ‘RCRA’ activities designate them as a transporter? | | | | | |
|  | | Do they have the appropriate state specific hazardous waste/hazardous materials permits to transport for ACT? | | | | | |
| **ACT Review /Approval** | | | | | | | |
| Approved  Disapproved | | | Compliance Director (print): | | Signature: | | Date: |