



Iowa Department of Natural Resources
Regional Collection Center
License Renewal



Renewal for RCC license must certify plans, specifications and additional information have been updated as needed since initial issuance under Iowa Administrative Code 567 Chapter 123.

Send completed application with attached information to: Kathleen.hennings@dnr.iowa.gov or via USPS at

Iowa DNR
Kathleen L Hennings
502 E 9th St
Des Moines IA 50319-0034

For questions concerning this application please contact the Department at (515) 229-6692.

Environmental Management System (EMS) Programs may move to page 2 Certification

Facility Contact Information

Facility Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Email: _____ Fax: _____

Responsible Official Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Email: _____ Fax: _____

RCC Site Information

Days/hours of operation: _____

Service area of the facility: _____

Satellite Facilities serviced: _____

List any personnel, structural or operational changes since last license issuance:

License Renewal Checklist--Please keep updated documents on site as noted below.

Updated	Documents must be kept onsite for review as requested by DNR
<input type="checkbox"/>	Organizational Chart (updated copy must be kept on site)
<input type="checkbox"/>	Site Specific Operation Plan (updated copy must be kept on site)
<input type="checkbox"/>	Emergency Response Plan- Site Specific (updated copy must be kept on site)

Applicant Certification

EMS-An entity designated as an environmental management system pursuant to Iowa Code section 455J.7 may opt out of the license renewal requirement provided the entity is in compliance with 567-123.3(2) and there have been no change in the provisions of the current license.

If you are an EMS and have had any operational, structural, or organization changes to current license provisions, you may not opt out of the renewal requirement and must fill out the entire form "RCC License Renewal".

☐ I certify that I am

- a participating EMS entity,
- in compliance with 567-123.3(2),
- have no operational, structural, or organization changes to current license provisions and request to opt out of the license renewal requirement.

CERTIFICATION

I certify under penalty of law that this document and any updated documents as listed in the application were prepared under my direction or supervision to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I further certify that the operation of the above described facility will be in accordance with the plans, specifications, reports and related communications accepted by the Iowa Department of Natural Resources and on file onsite at the RCC, and in accordance with conditions imposed in the license issued by the Iowa Department of Natural Resources.

All Facilities must sign

HHM License #: _____

Signature: _____ Date: _____

Printed Name: _____ Title: _____