

## Liquid Waste Transporter Program Vehicle Inspection Report



		Business Name: Displayed Y N															
	Inspection Type	COA Permit No.:  Displayed Y N				Exp. Date:											
	New Permit	TCEQ Registration No.:  Displayed Y N				Exp. Date:											
	Permit Renewal	Current Certificate of Insurance?	☐ Yes	[	☐ No (**)	Exp. Date:					COA de			TC			D
	Additional Vehicle	Complete & Legible Original Application Packet Approved?	☐ Yes		☐ No (**)	Inspection D	ate:				ecal aff			EQ Re	Valve	Visual	es thi
	Vehicle Re-inspection Only	Permit Fee Paid?	Yes		□ No (**)	No. Vehicles			Bus		ixed (di	TCEQ	Tank	gistrat	drip c	inspe	is Vehi
		I			. ,	<u> </u>	·		Business	DPS in	isregard	truck	s and	ion Nu	aps pr	ction d	icle P
	Vehicle Make & Month/Year of	VIN (Vehicle Identification Nu		Lice	nse Plate	Tank Vol.	Decal	DPS Insp. Exp. Date	Name Disp	inspection current?	decal affixed (disregard if not prev. issued)?	TCEQ truck sticker displayed?	Tanks and valves leak free?	TCEQ Registration Number Displayed?	Valve drip caps present on valves?	Visual inspection device(s) present?	Does this Vehicle PASS Inspection?
	Manufacture	(venicle identification Nul	mber)	State	Number		Number	(mo./ yr.)	Displayed?	urrent?	ssued)?	layed?	k free?	layed?	alves ?	esent?	ction?
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LWT Vehicle Inspection Report (continued)							Answer by circling Y or N in the space provided.							е			
								Business name displayed?	COA permit number displayed?	COA decal affixed (disregard if not prev. issued)?	DPS inspection sticker current?	TCEQ reg. number displayed?	TCEQ truck sticker displayed?	Tanks and valves leak free?	Valve drip caps present on valves ?	Visual inspection device(s) present?	Does this Vehicle PASS Inspection?
	Vehicle Make & Month/Year of Manufacture	VIN (Vehicle Identification Number)	Lice State	License Plate Tank Vol. (according Decal Exp. Date State Number to Manuf.)    Continue					splayed?	v. issued)?	current?	splayed?	splayed?	eak free?	valves?	present?	pection?
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## LWT Vehicle Inspection Report (continued)

Inspection Remarks (give a brief su	ımmary of any deficiencies th	at were noted and cor	rective actions needed	I).	
Inspection Summary and Certifica	tion				
No. Vehicles Passed:	No	o. Vehicles Failed:		No. Decals Issued	
I certify that the information ab	ove is, to the best of my	knowledge, true a	nd correct.		
(Printed Name)		(Signature)			(Date/Time
Pretreatment Compliance Specialist Austin Water Utility, Special Services 3907 South Industrial Drive / Suite 10 Austin, TX 78744			D. C.	. Entered into WEIDS	
(512) 972-1060 (ph) / (512) 972-1260 Email: IndustrialWaste@AustinTexas http://austintexas.gov/department/liq	S		Date	Entered into WEIRS:	
				Entered By:	(initials)

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