



Grease Program Registration Form

Grease Hauler Name: _____

Email address and Telephone number:

1. Attach a list of every food service facility authorizing the grease hauler to perform the inspection, disposal, record keeping and reporting requirements. The list must include the name, address and designated facility contact of each food service facility.
2. List all of the trucks or vehicles used to clean the interceptors (attach additional sheets if necessary).

Vehicle Make and Model	License Tag #	Capacity in gallons	Decal #

3. List all drivers or personnel used to clean the interceptors (attach additional sheets if necessary).

1 _____
2 _____
3 _____
4 _____
5 _____

6 _____
7 _____
8 _____
9 _____
10 _____

4. Attach a list of all disposal sites used by the grease hauler.

I certify that I have read Section 27-227(d)(1), (4), (6), (7), and (8) and Section 27-227(g), of the St. Petersburg City Code and agree to maintain all records regarding all maintenance activities for a period of three (3) years and to make such records available for review by a Grease Management Program official. I agree to submit all quarterly reports on behalf of the food service facilities contained in the list in section 1 above. I agree to send an updated list of every food service facility authorizing me to perform the inspection, disposal, record keeping and reporting requirements on or before October 1st of each year. I agree to use a City of St.Petersburg provided quarterly report form when reporting grease pumping activities. I understand that to be considered complete, each report will include the following information:

- Estimated depth of grease and solids removed from the grease interceptor in inches.
- Any defects in the grease interceptor
- Date of pump-out and whether or not gray water was returned to the grease interceptor
- Capacity of the grease interceptor
- The Grease Management Program permit number
- The food service facility, name address including the zip code
- The designated facility contact including a current telephone number
- Attached copies of the pump-out receipt or manifest.
- Statement attesting to accuracy of the information contained in the reports.

I understand that incomplete quarterly reports will be returned to the registered hauler for correction. I agree to attend a compliance review workshop provided by the City and to attend subsequent workshops regarding the requirements of this ordinance on an annual basis. I understand that the duration of my Registered Grease Hauler status will continue as long as the food service facilities maintain good compliance with the requirements of the program. I understand that repeated failure to submit reports in a timely manner or the repeated submission of incomplete reports will result in the removal of the hauler from the Registered Hauler list.

Designated Signatory Authority

Date

Printed Name of DSA