DEQ Form DISC-02
SOLID WASTE MANAGEMENT FACILITY PERMIT
KEY PERSONNEL DISCLOSURE STATEMENT

Instructions: A separate DEQ Form DISC-02 must be completed for each of the Key Personnel listed on DEQ Form DISC-01. The information provided on this form is specific to the “person” listed, whether that is an individual, corporation, partnership, association, government body or other legal entity, as defined in the Virginia Solid Waste Management Regulations, 9 VAC 20-81-10, and as required by the Virginia Waste Management Act, § 10.1-1400 et seq.

Key Personnel Name: ________________________________
Facility Name: ________________________________ Permit #: __________________

Business Address: _______________________________________________________________________

☐ Check if updating previously submitted DISC-02

BUSINESS EXPERIENCE:

Provide all information that reasonably relates to the qualifications and ability of the key personnel listed on this form to lawfully and competently operate a solid waste management facility in Virginia. Use continuation sheet, if needed.

<table>
<thead>
<tr>
<th>EMPLOYER or ENTITY</th>
<th>DATES</th>
<th>POSITION Title &amp; Responsibilities</th>
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PERMITS & LICENSES (past 10 years):

List all permits or licenses issued to or held by the above named person within the past ten years, for the collection, transportation, treatment, storage, or disposal of solid or hazardous waste. Include waste management facility operator licensing, and agencies outside the Commonwealth which have or has had regulatory responsibility over the named person.

<table>
<thead>
<tr>
<th>PERMIT / LICENSE</th>
<th>AGENCY</th>
<th>Current?</th>
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Violations, Prosecutions, Enforcement Actions, License or Permit Suspensions, Felonies (past 10 years):

List and explain any findings or allegations of civil or criminal violation of any law, regulation or requirement relating to the collection, transportation, treatment, storage or disposal of solid or hazardous waste (pending or concluded, by the above named person or by any facility at which the person was key personnel); any license or permit suspensions in any state; and convictions of any crimes as specified in § 10.1-1400, definition of “Disclosure Statement,” Item 5. ☐ Check if none

_____________________________________________________

Does the above named person hold an equity interest of 5 percent or more in any entity that collects, transports, treats, stores, or disposes of solid waste or hazardous waste? ☐ NO ☐ YES

If YES, provide full name and address of that entity: ________________________________

_____________________________________________________

I certify, to the best of my knowledge and belief, that the information contained in this Disclosure Statement is true, accurate, and complete.

Applicant Signature: __________________________________________ Date: __________________

Type or print full name: ______________________________________ Title: __________________

Per § 10.1-1408.1.C.3, this Disclosure Statement must be updated upon any change in condition that renders any portion of the statement materially incomplete or inaccurate.

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- Continuation Sheet -

Use this sheet if additional space is needed

Key Personnel Name: ________________________________  Date: ________________________________

Business Experience:

Permits and Licenses (past 10 years):

Violations, Prosecutions, Enforcement Actions, License or Permit Suspensions, Felonies (past 10 years):

Equity Interests: