CONNECTICUT RESOURCES RECOVERY AUTHORITY
TEMPORARY PERMIT INSTRUCTIONS

The Authority, at its sole discretion, may issue a Temporary Permit for a substitute vehicle to companies currently permitted by CRRA and only if company has an emergency breakdown or is using a demonstration vehicle.

Companies are required to complete the form below and fax it to CRRA's Billing & Permitting Department at (860) 727-4141. If approved by CRRA, a signed form will be faxed back to your company. **A copy of the signed form must accompany the vehicle each time it enters the facility**.

Should you have any questions, please contact the Billing & Permitting Department at (860) 757-7700 or by mail at 100 Constitution Plaza 6th Floor, Hartford, CT 06103.

TEMPORARY PERMIT REQUEST FORM

CRRA USE ONLY

Temporary Permit #_____   ***Project***   _____

Issued / Authorized by _____ *Issued Date*_____

1. Company/Town Name: _____

2. Billed Company/Town Name: (if different then above)_____

3. Reason for Temporary Permit: _____
_____

4. CRRA Permit Number *(being replaced by the Temporary Vehicle)* _____

5. Substitute/Temporary Vehicle Information (*Proof of Insurance Required*):

_____/_____/_____/_____/_____/_____

Owners Name	Make	Model	Year	Vin#	License #

6. Authorized Town(s) *(list only towns **authorized** under the CRRA Permit Number in #4)*
_____
_____

7. Date(s) Requested**:**.
   a. _____   b. _____   c. _____
   d. _____   e. _____   f. _____

8. Procedures: *READ CAREFULLY!*

   a. Request for temporary permits should be made at least 1 day in advance of use
   b. Permit is valid up to six (6) days and only for the date(s) shown above
   c. Permit is not transferable to other vehicles or companies
   d. Company is issued one temporary permit once every 60 days
   e. Permit can be cancelled or revoked without advance notice at CRRA discretion
   f. Vehicle will be required to weigh **IN** and **OUT** with each load
   g. Party signing for company is responsible for ensuring payment

   "I have read and will comply with the above requirements and procedures"

   Signature: _____   Date: _____
   Print Name:_____   Telephone: _____
   Fax Number: _____