

OTS Hauler Zero Activity Form

Hauler Name:			
Hauler Registration No	umber:		
Contact Name:			
Contact Phone Number	er:		
Reporting Period:	Month	Year	
By signing below, I confirm that there is no reportable activity for this Hauler account and reporting period mentioned above and will not be submitting any future claims for this period.			
NAME		SIGNATURE	DATE SIGNED

December 29 2010 v 1.0