(EFFLUENT AND SOLID WASTE MANAGEMENT) REGULATIONS, 2007

(Licence in terms of section of Environmental Management effluent and solid waste disposal)

1. Full name of applicant

2. Address of applicant

3. Full name and address of premises to be licenced, and name under which business will be conducted

4. Business telephone ... Cell ...............

5. Full name and addresses of the Waste Enterprise Manager who will be in personal control of the enterprise

6. Telephone........................ Mobile........................

7. Full names and addresses of the principal generators of waste

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<th>Name</th>
<th>Address</th>
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<td>a)</td>
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8. Description/nature of waste enterprise (Tick appropriate)

- Waste recycling/Treatment
- Scrap metal transportation
- General waste transportation
- Medical waste transportation and disposal

**Declaration by applicant**

All information given in response to or in support of this application is true and correct to the best of my/our knowledge and belief.

By submitting this application I/we agree to unrestricted access by duly authorised officers of the Agency to inspect the waste processing system and all records pertaining to the management of the waste enterprise.

Signed………………………………………………………………………………

Capacity or Designation of any person signing on behalf of the applicant

……………………………………………………………………………………

**OFFICIAL USE**

Date of receipt of application…………………………………………………………………………………………

Signature……………………………………………………………………………………………………

Recommendation (Environmental Inspector)

…………………………………………………………………………………………………………………………………………

Approved/Not approved

Signature………………………………………………………………………………………………………………………………

(Head of Section or Provincial Head)