

NATIONAL SOLID WASTE MANAGEMENT AUTHORITY

COMMERCIAL WASTE HAULER REGISTRATION APPLICATION

I. APPLICATION INFORMATION

BUSINESS NAME: _____

Location Address: _____

Phone: _____ Fax: _____

TRN: _____

OWNER INFORMATION:

Name: _____

Address: _____

Telephone: _____

II. INVENTORY OF VEHICLES: (attach additional sheets if necessary)

Truck types: RO: Roll-off, COM: Compactor, TIP: Tipper, O: Other

Truck Type/Year/Make/Model Licence No.

1. _____

2. _____

3. _____

III. SOLID WASTE TYPE, QUANTITY AND DISPOSAL LOCATION

Please indicate the type of waste, quantity and disposal site

Check here (X)	Requested waste type	Quantity (tonnes/day)	Disposal Site
	Residential (household refuse, domestic garbage, etc.)		
	Commercial (waste from stores, offices, etc.)		
	Industrial (sludge, dust, off-spec products, etc. from factories)		
	Institutional (non-infectious waste from schools, hospitals, etc.)		
	Infectious (from hospitals, doctor's offices, research labs)		
	Demolition and construction debris		
	Animal Carcasses		
	Bulky waste (appliances, furniture, etc.)		
	Hazardous waste (from chemical plants, gas stations, etc.)		
	Tyres (from automobiles)		
	Asbestos (shingles, insulation, etc.) - requires special training & handling		
	Other:		

IV. CERTIFICATION BY APPLICANT

1. Applicant

The undersigned certifies that the information contained in the application is correct and complete. The undersigned further certifies that the applicant is fully aware of the National Solid Waste Management Authority Act and its regulations concerning the disposal of solid waste. **The undersigned will notify the National Solid Waste Management Authority within 30 days of any changes in the information contained within this application.**

Name _____

Signature _____

Title _____ Date: _____

FOR OFFICIAL USE

1. Application Number: _____

2. Received By: _____

3. Date Received: _____

4. Status of Registration

a. Approved: _____

b. Rejected: _____