



## Application for Municipal Waste Services' Provider Accreditation

(to provide commercial services for the collection and transport of waste in the municipal area)

NEW APPLICATION  RENEWAL OF EXISTING LICENSE  (Attach existing license)

**PARTICULARS OF APPLICANT:**

Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Type of Company: \_\_\_\_\_ (E.g. one person business, close corporation, etc.)

Company Registration No. \_\_\_\_\_

Postal Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel. No. : \_\_\_\_\_

Fax No. : \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**WASTE INFORMATION:**

Waste Collection Areas—Mark the areas in which collection and transport of waste services are rendered:

Hermanus  Kleinmond  Gansbaai  Stanford

Other: \_\_\_\_\_

Waste Category: Hazardous  Non-hazardous

Waste Types collected and transported—Mark the relevant types and provide the required information for those marked:

	Waste Type	Average Monthly Waste Quantity	Disposal Facility
<input type="checkbox"/>	Municipal Waste		
<input type="checkbox"/>	Organic Waste		
<input type="checkbox"/>	Commercial and Industrial Waste		
<input type="checkbox"/>	Construction and Demolition Waste		
<input type="checkbox"/>	Health Care Waste		
<input type="checkbox"/>	Tyres, Disused Vehicles, Machinery, Scrap Metal		
<input type="checkbox"/>	Recyclable Waste		
<input type="checkbox"/>	Agriculture and Farm Waste		

**WASTE RECORD:** Does the applicant have a clean health, safety and environmental record? If not, state particulars and attach supplementary information of any case details and nature of the offence/s including the penalty or requirements imposed by an authority/court.

\_\_\_\_\_

**WASTE COMPETENCE:** Does the applicant have the knowledge, including qualifications, relevant to the waste category and types handled? Provide details.

\_\_\_\_\_

**WASTE VEHICLES:**

Provide the details of all the waste vehicles:

Registration No.	Vehicle Type	Owned, Leased or Owner Driver	Vehicle License Certificate Included

**DECLARATION:**

I hereby declare that the information contained herein is correct and no information was withheld or misrepresented.

\_\_\_\_\_  
Name of Applicant (in Blockletters)\_\_\_\_\_  
Date Submitted\_\_\_\_\_  
Signature of the Applicant**FOR OFFICIAL USE:**\_\_\_\_\_  
Receiving Official (Name in Block letters)\_\_\_\_\_  
Date Received\_\_\_\_\_  
Signature of the Official