Waste Management Transport Permit Application Form

| Company Name |
|--|
| |
| Registration Number |
| |
| Company Address |
| |
| Contact Person |
| |
| Contact Number |
| |
| Contact Email |
| |
| Type(s) of Waste to be Transported |
| |
| Source(s) of Waste |
| |
| Destination/Facility for Waste Disposal |
| |
| Details of Transport Vehicle(s) |
| |
| |
| Vehicle Registration Number(s) |
| |
| |
| Driver Name(s) and License Number(s) |
| |
| List of Supporting Documentation Submitted |
| |
| |

Declaration

| Applicant Name | | | |
|----------------|--|--|--|
| | | | |
| Date | | | |
| | | | |