



Waste Transport Renewal Application

Environment Protection Act 1993

Send completed application to

Licensing & Regulatory Services Branch
Environment Protection Authority
GPO Box 2607 ADELAIDE SA 5001

Enquiries

Telephone Freecall (outside metro): 1800 623 445
Direct Phone: (08) 8204 2058 or 8204 9107
Facsimile: (08) 8124 4672
Email: licensing.epa@epa.sa.gov.au
Internet: www.epa.sa.gov.au

Preamble

The EPA is South Australia's leading environmental regulator, responsible for the protection of air and water quality and the control of pollution, waste, noise and radiation.

Our environmental goals are:

- ✓ Clean and healthy air
- ✓ Land and water that is fit for purpose
- ✓ Communities protected from unacceptable noise
- ✓ Sustainable use of resources
- ✓ Communities protected from unacceptable radiation.

Responsible management of prescribed activities through licensing is integral to achieving our environmental goals.

This Renewal form is for the Waste Transport Activities licensed by the Environment Protection Authority (EPA).

This form must be completed in full and signed (on the back page) by an authorised person.

A FEE OF \$173 MUST BE SUBMITTED WITH THIS FORM TO ENABLE YOUR APPLICATION TO BE PROCESSED.

This fee value is current to 30 June 2012.

* You may use this form to include additional waste transport activities. List these details at Section 1.2.

Note: A maximum penalty of up to \$60 000 applies for providing false or misleading information.

If you are unsure of any requirements of this Renewal Form, contact the Licensing & Regulatory Services Branch on (08) 8204 2058.

SECTION 1

Applicant Details

1.1 Your current EPA Licence No.

1.2 Have your licence details changed?

(refer to your current licence front page – Name and Postal Address)

Yes No

If No, continue with application and confirm existing details.

If Yes for Postal Address only, continue with application and confirm details.

If Yes for Name of Licence – DO NOT CONTINUE –
contact Licensing & Regulatory Services Branch:
(08) 8204 2058.

1.3 Full name of Applicant(s) to hold licence

(the name to appear on the licence)

Do you have a Trading or Business name? (which has an ABN)

1.4 Body corporate or company details (if applicable)

ACN:

Address of registered office

1.5 Postal address for all correspondence

Postcode:

Email:

Fax:

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1.6 Who is authorised to act on behalf of the Applicant for the licence?

a. Contact name: _____
 Position: _____
 Tel: _____ Fax: _____
 Email: _____

b. Contact name: _____
 Position: _____
 Tel: _____ Fax: _____
 Email: _____

c. Contact name: _____
 Position: _____
 Tel: _____ Fax: _____
 Email: _____

(if not enough room, please add additional people in Section 3)

1.7 Contact person for enquiries relating to this application

Contact name: _____
 Position: _____
 Tel: _____ Fax: _____
 Email: _____

SECTION 2: Confirmation of Transport of Waste

For waste transported for fee or reward.

2.1 What types of waste do you, or do you intend to transport?

(please tick)

Solid

Category

- Domestic (on behalf of Council) B
- Contaminated soil B
- Medical A
- Transport of medical waste not exceeding 40 litres at any 1 time
- Transport of medical waste exceeding 40 litres at any 1 time
- Asbestos – friable A
- Asbestos – non friable A
- Solid waste (from any commercial or industrial premises or teaching/research institution – other than building or demolition waste) B
- Other (please specify) –
- _____
- _____
- _____
- _____
- _____

Liquid Category

- Grease trap/vegetable A
- Septic tank effluent B
- Water/oil mixtures A
- Inert sludge/wool scouring sludge A
- Water-based paint sludge A
- PCBs, HCBs, OCPs, etc A
- Waste oil A
- Acids A
- Alkalis A
- Organic solvents A
- Other (please specify) –

2.2 From which of the following premises will you collect waste?

- Industrial premises
- Commercial premises
- Teaching or research institutions
- Hospitals
- Dental, medical or veterinary clinics
- Other (please specify)

2.3 Do you intend to transport waste into, out of or across South Australian borders?

- Yes No

2.4 Specify vehicles to be used for transport of waste (see 2.1 above for category reference)

Category A

For transport of 40 litres or less of medical waste per trip

Make & reg no _____

Make & reg no _____

Make & reg no _____

Make & reg no _____

Make & reg no _____

Make & reg no _____

Make & reg no _____

DECLARATION

If the Applicant is:

1. A Company, Body Corporate or Proprietary Company the following must sign this Declaration:

- a Director and/or the Company Secretary and/or a person appointed as a responsible officer.

2. A natural person(s):

- each person or a person legally authorised by the Applicant must sign this Declaration.

3. A Statutory Body:

- a person whom the Minister has authorised must sign this Declaration.

4. An incorporated Association:

- a person(s) who is authorised under the rules of that association.

For Government Departments that do not involve a Statutory Body, the Minister or a person whom the Minister has authorised must sign this Declaration.

For joint applications, all parties must sign this Declaration.

I/we hereby declare that the information provided in this application and accompanying documents, to the best of my knowledge, is true and correct.

a. Name

Signature

Position of signatory

Date

b. Name

Signature

Position of signatory

Date

c. Name

Signature

Position of signatory

Date

Note that a maximum penalty of up to \$60 000 applies for providing false or misleading information.



South Australia

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