



Waste Transport Annual Return

Section 48 Environment Protection Act 1993

Send completed return to

The Licensing Team
 Environment Protection Authority
 GPO Box 2607 ADELAIDE SA 5001

Enquiries

Freecall (outside metro): 1800 623 445
 Tel: (08) 8204 2058 or (08) 8207 1874
 Email: epalicensing@sa.gov.au
 Website: www.epa.sa.gov.au

If you are unsure of any requirements of this form, contact the EPA Licensing Team on (08) 8204 2058.

Preamble

This Annual Return is for Waste Transport licensed by the Environment Protection Authority where the only licensed activity is 'waste transport business' (Category A and/or B).

This form must be completed in full and signed (on the back page) by an authorised person. If the submitted form is incomplete, it cannot be processed.

This form should not be used to include a new application for a licence. If you wish to apply for a new prescribed activity to be added to your licence (other than for transport activities) please submit a New Licence Application.

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

SECTION 1:

Applicant Details

1.1 Your current EPA Licence No.

1.2 Have any of 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 the EPA Licensing Team on (08) 8204 2058.

1.3 Full name of applicant(s) to hold licence

(the name(s) to appear on the licence)

Do you have a Trading or Business name?

Yes No ABN: _____

1.4 Body corporate or company details (if applicable)

ACN: _____

Address of registered office:

Postcode: _____

1.5 Postal address for all correspondence

Postcode: _____

Email: _____

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

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

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

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

d. Contact name: _____
 Position: _____
 Tel: _____
 Email: _____

(if insufficient space, please add additional people in Section 3)

1.7 Contact person for enquiries relating to this application

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

SECTION 2:

Confirmation of Transport of Waste

For waste transported for fee or reward.

2.1 What types of waste do you transport? (please tick)

Solid	Category
<input type="radio"/> Domestic (on behalf of Council)	B
<input type="radio"/> Contaminated soil	B
<input type="radio"/> Medical	A
<input type="radio"/> Transport of medical waste not exceeding 40 litres at any one time	
<input type="radio"/> Transport of medical waste exceeding 40 litres at any one time	
<input type="radio"/> Asbestos – friable	A
<input type="radio"/> Asbestos – non friable	A
<input type="radio"/> Solid waste (from any commercial or industrial premises or teaching/research institution – other than building or demolition waste)	B
<input type="radio"/> Other (please specify)	–

Liquid	Category
<input type="radio"/> Grease trap/vegetable	A
<input type="radio"/> Septic tank effluent	B
<input type="radio"/> Water/oil mixtures	A
<input type="radio"/> Inert sludge/wool scouring sludge	A
<input type="radio"/> Water-based paint sludge	A
<input type="radio"/> PCBs, HCBs, OCPs, etc	A
<input type="radio"/> Waste oil	A
<input type="radio"/> Acids	A
<input type="radio"/> Alkalis	A
<input type="radio"/> Organic solvents	A
<input type="radio"/> 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 on previous page 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

For any other Category A waste

Make & reg no

Make & reg no

Make & reg no

Make & reg no

Make & reg no

Make & reg no

Make & reg no

Make & reg no

Category B

For any Category B waste

Make & reg no

Make & reg no

Make & reg no

Make & reg no

Make & reg no

Make & reg no

Make & reg no

If there is not enough space to list all your vehicles, please attach details in the Additional Information section or on a separate page.

SECTION 3: Additional Information

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.



The Licensing Team
 Environment Protection Authority
 GPO Box 2607 ADELAIDE SA 5001

Freecall (outside metro): 1800 623 445
 Tel: (08) 8204 2058
 Email: epalicensing@sa.gov.au
 Website: www.epa.sa.gov.au

Issued 1 July 2024