OFFICE OF ENVIRONMENTAL HEALTH AND POLLUTION REGULATION

Application for a Waste Transport Licence or Exemption

The Environmental Pollution (Guernsey) Law, 2004

The Environmental Pollution (Waste Control and Disposal) Ordinance, 2010.

The Waste Control and Disposal (Exemptions) Regulations, 2010

THIS APPLICATION FORM IS THE SPECIFIED FORM OF APPLICATION FOR THE PURPOSES OF PART I OF THE ENVIRONMENTAL POLLUTION (WASTE CONTROL AND DISPOSAL) ORDINANCE, 2010 FOR WASTE TRANSPORT OPERATIONS. IT CAN ALSO BE USED TO REGISTER AN EXEMPTION FROM WASTE TRANSPORT LICENSING

(PLEASE SEE THE GUIDANCE NOTI THIS FORM)	E ON THE LAST PAGE BEFORE COMPLETING
Is this an application for a waste guidance note before completing and tic ☐ Transport licence ☐ Transport Exe	,
be given here) Name Position Address	
0	Postcode
Contact numbers Phone Mobile	Fax Email
The applicant Status of the applicant (please tick one) □ An individual □ A partnership □	
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Contact numbers	
Phone	Fax Email
Partnerships What is the name of the Partnership?	
Business contact details (if different from Address	
Contact numbers	

Phone	Fax
Mobile	Email
Please give the details of each partner (use additional shoots if necessary)
Partner 1	use additional sheets if flecessary)
Date of Birth	
Partner 2	
Name (and previous name if applicable)	
Date of Birth	
Partner 3	
Date of Birth	
Limited companies	
Full company name	
Former company name (if applicable)	
Trading name if different from company	
Main office address	
	Postcode
Contact numbers	
Phone	Fax
Mobile	Email
Company registration number	
Registered office if different from main o	ffice address
Address	moc address
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Provide details for each Director, Co.	mpany Secretary or similar officer (continue on
additional sheets if necessary)	mpany contains or our man of the contained on
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Person 1	
	Position
Person 2	F05III0I1
Date of Birth	Position
Person 3	
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Other types of organisation Please provide your legal status e.g. Charity						
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Please provide necessary)	de registration	numbers of th	nese vehicles	below – (use	additional sheets if	
under the En made under in Prevention of No Yes Conviction de Name	tvironmental P it), the Transfro Pollution (Gue (please tick etails ction nature of your indicate here	ollution Guern ontier Shipmer ernsey) Law, 19 one), if yes giv r waste opera provide detail	sey Law, 2004 at of Waste (G. 1989? we details overload tion? If you at the shere (see guarter)	4 (including ur uernsey), Ordi eaf: are claiming auidance note)	nn exemption from	
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Declaration
I declare that the information in this application is true to the best of my knowledge and
belief. I understand that if any information in this application is incomplete the Director
may refuse my application. Making a false statement may lead to a prosecution under the
Law (continue on additional sheets if necessary).
Signature 1
Name
Date of BirthStatus
Signature 2
Signature 2
Name
Date of BirthStatus
Signature 3
Name
Date of BirthStatus
Date of Diffi
Signature 4
Name
Date of BirthStatus
Please complete this form and return to:
The Director of Environmental Health and Pollution Regulation
Office of Environmental Health and Pollution Regulation
Longue Rue
St Martin's
Guernsey
GY4 6LD
Telephone: (01481) 711161
·
Facsimile: (01481) 238031

Email: envhealth@health.gov.gg
The application fee for a licence is £200 which last for 3 years.
Please enclose payment with the application form. Cheques should be made payable to: "States of Guernsey"

The registration of an exemption is free of charge.

GUIDANCE NOTE ON COMPLETING THIS FORM

In order to determine whether you need to be licensed, or can gain an exemption from licensing for the transportation of waste please refer to the diagram below. This diagram relates to those that transport waste as part of their business, or as a public service, (not householders).

