GEORGE MUNICIPALITY
Directorate: Community Services
WASTE REGISTRATION FORM
Please print legibly.

Section 1 General Information	
Name of Facility/ Business:	
Physical address of Facility/ Business:	
Postal address of Facility/ Business:	
Permit / Licence Number: *(If applicable)*	

Brief description of process:

Section 2 Facility: Waste treater, Waste disposal, Waste recycling (swop shops, buyback senders) information					
GPS co-ordinates of facility: / Business					
Total area of facility/ Business (m^2):					
Total usage of facility/ Business area (m^2):					
Total no. of employees:					
Operation Hours:	Start			End	
Monday to Friday:		To			
Saturday:		To			
Sunday:		To			
Type of organization:	Private	Municipality		Provincial Health Department	National Government
Applicant Name & Surname					
Telephone No:					
Cell Phone:					
Fax:					
E-mail address:					

	Add Second contact Information					
Role:		Alternate Contact		Operator		Site Contact
		Main Contact		Owner		Other
Name & Surname						
Telephone No:						
Cell Phone:						
Fax:						
E-mail address:						

Section 3	
Waste Transporter Information	
Type of waste transported	Monthly average of waste transported: (*please indicate whether kg or litres*)
Vehicle type	Vehicle registration numbers

Section 4
Certification
(Please read and sign after completing all the above sections)
I hereby certify that the above information contained herein is true and correct and unless the content otherwise, within my personal knowledge. I certify further that the amounts and values in this form are accurate based on reasonable estimates using data available when completing this form.

Name and official title of owner, operator, or senior management official:	
Signature:	
Date:	

Completed forms can either be e-mailed to: ayani@george.gov.za, anontshikiza@george.gov.za or tbotha@george.gov.za.
Please feel free to contact any of the EHP's Anelisa Yani, Abongile Nontshikiza and Tanya Botha at 044 802 2900.