

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: <i>(if applicable)</i>									
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:									
Areas (towns/wards/zones) covered:									
Years in operation:									
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:	<input type="checkbox"/>	Alternate Contact	<input type="checkbox"/>	Operator	<input type="checkbox"/>	Site Contact
	<input type="checkbox"/>	Main Contact	<input type="checkbox"/>	Owner	<input type="checkbox"/>	Other
Name & Surname						
Telephone No:						
Cell Phone:						
Fax:						
E-mail address:						

Section 3

Waste Transporter Information

Type of waste transported (<i>general, recyclable, organic, garden, building rubble, industrial, hazardous, E-waste, medical waste, etc</i>)	Monthly average of waste transported: (<i>please indicate whether kg or litres</i>)
Source of waste: (<i>e.g. households. Business, industries, schools, health care facilities</i>)	
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 be e-mailed to: nmajola@george.gov.za

Please feel free to contact Solid Waste Manager, Ms Majola @044 803 9287.