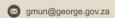


## GEORGE MUNICIPALITY Directorate: Community Services WASTE REGISTRATION FORM

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 proc						
Facility: Waste treat	ter. Waste disposa	I. Was	Section 2	swon	shops, buyback sen	ders) information
GPS co-ordinates of		i, 1140	to rooyoming (	эмор .	onopo, baybaok oon	
Total area of facil	ity/ Business (m²):					
Total usage of facility/ Business area (m²):						
Total no. of employees:						
Areas (towns/wards/zones) covered:						
١	fears in operation:					
Operation Hours:	Start				End	
Monday to Friday:				То		
Saturday:				То		
Sunday:				То		
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						
	ed (general, recyclable, organic, dustrial, hazardous, E-waste,	Monthly average of waste transported: (please indicate whether kg or litres)				
,						
Source of waste: (e.g. households. Business, industries, schools, health care facilities)						
Vehicle type		Vehicle registration nun	nbers			
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:					

Completed forms can be e-mailed to: nmajola@george.gov.za

Date:

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

