



**AGRICULTURE, CONSERVATION,  
ENVIRONMENT AND LAND AFFAIRS**

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Attention: Paul Furniss

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**REGISTRATION FORM**

| Waste Transporter       |  |                         |             |
|-------------------------|--|-------------------------|-------------|
| 1 *                     | Name:  |                         |             |
| 2 *                     | <input type="checkbox"/> New Registration <input type="checkbox"/> Renewal of Registration <input type="checkbox"/> Update of information <input type="checkbox"/> De-registration |                         |             |
| 3 *                     | Waste type being transported: <input type="checkbox"/> Hazardous <input type="checkbox"/> Health Care Waste  |                         |             |
| 4 *                     | Postal address:  |                         |             |
| 5 *                     | Physical address:  |                         |             |
| 6 *                     | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Telephone: (    )</td> <td style="width: 50%;">Fax: (    )</td> </tr> </table>                                | Telephone: (    )       | Fax: (    ) |
| Telephone: (    )       | Fax: (    )  |                         |             |
| 7                       | E-mail address:  |                         |             |
| 8 *                     | Contact person:  |                         |             |
| 9 *                     | Designation of contact persons:  |                         |             |
| 10 *                    | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Date:    DD / MM / YYYY</td> <td style="width: 50%;">Signature:</td> </tr> </table>                           | Date:    DD / MM / YYYY | Signature:  |
| Date:    DD / MM / YYYY | Signature:   |                         |             |

| FOR OFFICIAL USE ONLY: |   |
|------------------------|---|
| 11                     | Audit Report received: <input type="checkbox"/> Yes <input type="checkbox"/> No               Compliance reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12                     | Registration no: GPT- ____ - ____               Date:    DD / MM / YYYY   |

Compulsory fields are indicated with a (\*)