



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

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Attention: Paul Furniss

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REGISTRATION FORM

Hazardous Waste Treatment Facility	
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 treated: <input type="checkbox"/> Hazardous <input type="checkbox"/> Health Care Waste
4 *	Treatment type:
5 *	Major municipality within which facility resides:
6 *	Postal address:
7 *	Physical address:
8 *	Telephone: () Fax: ()
9	E-mail address:
10 *	Contact person:
11 *	Designation of contact persons;
12 *	Permit number (ROD): Capacity (kg/hr):
13	Latitude: - _____.____ S Longitude: _____.____ E
14 *	Date: DD / MM / YYYY Signature:

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

Compulsory fields are indicated with a (*)