



Print Form

VH number

APPLICATION FOR AUTHORITY TO DISPOSE SPECIAL WASTE AT VISSERSHOK DISPOSAL SITE

1. WASTE GENERATORS INFORMATION

Name and surname

Municipal account number or Business Partner number

Email

Tel Cell

WIR no. (Hazardous waste)* Department of Labour no.**

* NEM: WA Waste Information Regulations - Registration in terms of SAWIS for generator of hazardous waste in excess of 20 kg per day calculated monthly as a daily average
** Requirement for asbestos contractors per Asbestos Regulations, 2001

2. APPLICANT'S INFORMATION (if not the same as the waste generators information)

Name and surname

Street name and number

Suburb Postal code

Email

Tel Cell

3. ACCREDITED TRANSPORTERS AND WASTE MATERIAL INFORMATION

Please attach the **Material Safety Data Sheet** provided to you by the supplier of any hazardous chemical substances.

Name of accredited waste transporter

Solid waste accreditation number

Contact person Cell

Type of material Provide a comprehensive description of waste Use separate page if necessary	Estimated mass to be disposed		State of material			
	Monthly	Annually				
	kg	kg	Solid ☐	Liquid ☐	Sludge ☐	
	kg	kg	Solid ☐	Liquid ☐	Sludge ☐	
	kg	kg	Solid ☐	Liquid ☐	Sludge ☐	

4. APPLICANTS INDEMNITY AND CONFIRMATION OF INFORMATION

I/we

confirm that the information submitted is correct, as the applicant/s I/we further indemnify the City of Cape Town against any loss, damage or claims made by whomsoever arising out of this waste disposal activities authorised in terms of this permit.

Signature Date

FOR OFFICE USE BY SCIENTIFIC SERVICES ONLY

Authority to dispose was ☐ Rejected ☐ Granted for **1 year only** Notes

NEMWA code Physical state

Name

Signature Date

Contact person at Scientific Services: Melani Traut, telephone number: 021 444 9156 or melani.traut@capetown.gov.za