

## **APPLICATION FORM**

# AUCKLAND COUNCIL WASTE MANAGEMENT AND MINIMISATION BYLAW 2019 WASTE COLLECTOR AND TRANSPORTATION LICENCE

(Any enquiries please phone Auckland Council on 09 301 0101, or email Waste.Licensing@aucklandcouncil.govt.nz)

1. APPLICANT DETAILS							
Company Name: Associated brand names Phone: Email: Postal Address:			N	∕lobile	:		
Physical Address:							
Name of key contact Telephone Number 24/7:							
Principle of company (Nar	ne):	_	P	hone			
2. APPLICATION PERIOD							
From 1 August 20 , to	o 31 Ju	ly 20	) (maximum licence period	d 5 yea	ars)		
-			iod applied for, however a renewal fe			paid annually.	
3. DETAIL OF ACTIVITY							
Part 3 Subpart 2 of the Waste M			d Minimisation Bylaw 2019 sets the criten d below provides the council with the info				
3 (1) TYPE OF MATERIAL	BEING	S RE	CEIVED AND HANDLED UNDER	THE L	ICEN	CE CL. 24(E)	
Please tick							
Domestic wa Recyclables Green waste Construction Commercial Inorganic wa Hazardous wa Other (Pleas	e n and der waste aste vaste		n waste				
				··			
Licensee and Council	check	dist.	Please ensure you complet	e all	 pape	erwork before re	eturning
	Lic	AC		Lic	AC		AC
Form completed? Return if not			Invoice sent with T and Cs after completed form rec'd				
Public Liability Insurance cert. ret'd			Invoice paid				
Health & Safety and Quality details ret'd	_		Monthly reporting of data advised				
Terms and conditions signed and ret'd			Issue licence and veh. stickers				



## 3 (2) Type Of APPROVED CONTAINERS COLLECTED

Түре	VOLUME (CAPACITY)

## 3 (3) FACILITY/FACILITIES TO WHICH MATERIAL WILL BE TRANSPORTED BY THE COLLECTOR

Name and type of facility/facilities (e.g. Transfer Station, landfill, cleanfill, compost site, recycling plant, materials processing sites Resource Recovery Facility,)

FACILITY NAME AND TYPE	LOCATION	WASTE TYPE



#### 3 (4) METHODOLOGY/TREATMENT CL. 21

Provide methodology and treatment details of material that you handle: Please cover as appropriate

- How often and from where do you collect material?
- How is it transported?
- Will the material be commingled in your collection vehicles?
- How will the operator determine tonnages collected?
- How is the material recycled, recovered, reused?
- Is there any treatment of the material? If so what kind of treatment?

Please describe in the box below (or attach a separate sheet):	
3 (5) FLEET	
Please attach details indicating the number and type of vehicles, their recontainment measures are being used.	egistration numbers, and what load
VEHICLE	REGISTRATION

(Please attach any extra vehicles' information on a separate page)



#### 4. HEALTH AND SAFETY OF STAFF AND QUALITY OF DELIVERY (CL. 22(2(A))):

The Bylaw requires that:

- you have a Health and Safety Plan? (Please submit a copy of its Table of Contents)
- you have a Quality Management Plan? (Please submit a copy of its Table of Contents)
- With regards to containment and spillage issues
  - o Individual operators must be trained -What level of training is provided for each operator.
  - o Do all operators have the capability to deal with every situation and if not
  - o Where does responsibility lie.

P	Please describe in the box below (or attach a separate sheet):		
5	. Experience CL. 18(B)		
Ρ	rovide details of the applicant's experience in the waste industry.		
P	lease describe in the box below (or attach a separate sheet):		



6. Past Operational Issue	:S CL. 18(B)	١
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Provide details of any operational issues that might have affected the applicant's ability to perform in the past.
7. PUBLIC LIABILITY
Provide a copy of your CURRENT Certificate of Public Liability Insurance covering the licence period. (A certificate from a broker is sufficient.)
8. DECLARATION:
I/we agree to be bound by and fulfil all terms and conditions of the licence by signature, including (without limitation) meeting all information and reporting requirements.  I/we declare that all information provided in this application and any (numbered) attachments and any information subsequently provided under the terms and conditions of the licence are correct and accurate.
Signature of applicant:
Name and Title of applicant:
Date:
Please note: The person completing this application must be authorised, in writing, to act as a signatory on behalf of the applicant.

Please ensure you complete all paperwork before returning to Waste.Licensing@aucklandcouncil.govt.nz