|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **APPLICATION FOR REGISTRATION AS AN** | | | | |
|  | | | | |  | **AUTHORISED WASTE COLLECTOR** | | | | |
|  |  |  | |  |  |
|  | **(Please complete all sections)** | | | |  |
|  |  |  | |  |  |
|  | **Date of Application:**  Click here to enter text. | | | | |
|  |  |  |  |  |  |  |  | |  |  |
| **SECTION 1: COMPANY DETAILS** | | | | | | | | | | |
|  |  |  |  |  |  |  |  | |  |  |
| **Name of applicant:** | |  | Click here to enter text. | | | | | | | |
|  |  |  |  |  |  |  |  | |  |  |
| **Company Name:** | |  | Click here to enter text. | | | | | | | |
|  |  |  |  |  |  |  |  | |  |  |
| **Main Office Address:** | | | Click here to enter text. | | | | | | | |
|  |  |  |  | | | | | | | |
| **Company Registration Office No.** | | | Click here to enter text. | | |  |  | |  |  |
|  |  |  |  |  |  |  |  | |  |  |
| **Address of operational plant:** | | | Click here to enter text. | | | | | | | |
| **(if different from above)** | | | Click here to enter text. | | | | | | | |
| **Managing Director:** Click here to enter text. | | | | | **Other Director(s):** Click here to enter text. | | | | | |
| **Phone:** Click here to enter text. **E-Mail:** Click here to enter text. **Fax:** Click here to enter text. | | | | | | | | | | |
|  |  |  |  |  |  |  |  | |  |  |
| **Bank Details**  Account name: Click here to enter text. **Swift Address:** Click here to enter text. | | | | | | | | | | |
|  | | | | | | | | | | |
| **IBAN:** Click here to enter text. **VAT Registration No:** Click here to enter text.  **Current Tax Clearance Cert No.** Click here to enter text. | | | | | | | | | | |
|  |  |  |  |  |  |  |  | |  |  |
|  | | | | | | | | | | |
| **SECTION 2: LICENSING DETAILS (please write N/A in section/s not applicable to you)** | | | | | | | | | |  |
|  |  |  |  |  |  |  | | | | |
| **Waste Permit No:** Click here to enter text. | | | | |
|  |  |  |  |  |  |  | |  |  |  |
| **EPA Licence No:**  Click here to enter text. | | | | | **National Waste Collection permit(s) No:**  Click here to enter text. | | | | | |
|  |  |  |  |  |  |  |  | |  |  |
| **Name of Insurance Co: (not broker)**  Click here to enter text. | | | |  | | | **Policy No:**  Click here to enter text. | | | |
|  |  |  |  |  |  |  |  | |  |  |
| **SECTION 3: TYRE WASTE COLLECTION - CURRENT and EXPECTED** | | | | | | | | |  |  |
|  | | | | | | | | | | |
| **Quantities handled:** Please specify monthly **tonnages** for end of life tyres currently handled & details of | | | | | | | | | | |
|  |  | expected increase in collection quantities as part of the scheme | | | | | | | |  |
|  | | | | | | | | | | |
| **TYRE TYPE** |  | **CURRENT** (Monthly) | | | **Expected** (Monthly after 3 months) | | | | | |
| Passenger Car/Van/4x4 |  | Click here to enter text. | | | Click here to enter text. | | | | | |
| Truck/Bus Light |  | Click here to enter text. | | | Click here to enter text. | | | | | |
| Truck/Bus  Heavy |  | Click here to enter text. | | | Click here to enter text. | | | | | |
|  |  |  | | |  | | | | | |
| Motorcycle |  | Click here to enter text. | | | Click here to enter text. | | | | | |
| Agricultural |  | Click here to enter text. | | | Click here to enter text. | | | |  |  |
| Construction |  | Click here to enter text. | | | Click here to enter text. | | | |  |  |
| Industrial |  | Click here to enter text. | | | Click here to enter text. | | | |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 4: DETAILS OF PLANT AND PROCESSES** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| **Weighbridge:** Do you have access to or possess a fully operative weighbridge? | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Yes | No | If access only please give location  Click here to enter text. | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Description of processes:** (Recycling/Recovery activity undertaken) | | | | | | | | |  |
| Click here to enter text. | | | | | | | | | |
|  | | | | | | | | | |
| **Details of plant in operation: ie.** Shredder, fork lifts, granulators etc.  baler, shredder, fork lifts, granulators etc. and their capacity | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | |
| **SECTION 5: RECOVERY / RECYCLING– AUDIT TRAIL (You must be able to provide traceability)** | | | | | | | | | |
|  | | | | | | | | | |
| **Name of the Recovery/Recycling outlets you use for end of life waste tyres collected** | | | | | | | | | |
|  | | | | | | | | | |
| **TYRE TYPE** |  | | | | | | | | |
| Passenger Car/Van/4x4 | Click here to enter text. | | | | | | | | |
| Truck/Bus Light | Click here to enter text. | | | | | | | | |
| Truck/Bus  Heavy | Click here to enter text. | | | | | | | | |
| Motorcycle | Click here to enter text. | | | | | | | | |
| Agricultural | Click here to enter text. | | | | | | | | |
| Construction | Click here to enter text. | | | | | | | | |
| Industrial | Click here to enter text. | | | | | | | | |
| |  | | --- | | **SECTION 6: COMPLIANCE HISTORY** |   **Please detail here any infringement/prosecutions within the last five years for any of the licences/permits that you hold.**  **If not applicable to you, please enter N/A**  Click here to enter text.  **Has any legal proceedings ever been taken against you under any environmental and safety legislation:**  **If not applicable to you, please enter N/A**  Click here to enter text.  **Has your company currently or previously been involved in any actions undertaken by the Office of the Director of Corporate Enforcement (ODCE)?**  **If not applicable to you, please enter N/A**  Click here to enter text.  **SECTION 7: DOCUMENTATION INSPECTION**  Post your application a site visit will be arranged. At this time relevant original documentation will be requested. | | | | | | | | | |  |  |  |  |  |  |  |  |  |
| **SECTION 8: AUDIT ACCEPTANCE** | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| I, the undersigned hereby authorise Circol ELT Limited, or a third party engaged on behalf of Circol ELT Limited, to Audit the Authorised Waste Collector to which this application relates to. I understand that any obstruction to, or refusal of an Audit as part of this scheme will result in Circol ELT Limited approval being revoked. Furthermore, I understand that any fraud of the Circol ELT Scheme may lead to prosecution. | | | | | | | | | |
| To the best of my knowledge, the information I have supplied is true and accurate and every attempt has been made to supply Circol ELT with the information required. | | | | | | | | | |
| **Applicant Signature:** | |  | | | | **Title:** | Click here to enter text. | | |
|  |  |  |  |  |  |  |  |  |  |
| **Date:**  Click here to enter text. | |  | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **E-Mail completed form and relevant attached documents to** [**mark.gillick@Circolelt.ie**](mailto:mark.gillick@Circolelt.ie) **. Any queries in completing same, please refer to: Mark Gillick, Circol ELT Ltd, The Link Business Centre, G3 Calmount Park, Ballymount, D12 Y050.** | | | | | | | | | |

Application

* Complete the enclosed application form and return it to Circol ELT at address given on the form.
* Please provide copies of all appropriate certificates, permits and licences referred.
* If the application is successful, Circol ELT will arrange a visit to your facilities to verify your application.
* A contract will be entered into with you for a period 2017 to 2020. A draft is provided which may be subject to minor amendments pending finalisation of the Waste Tyre Regulations.
* If you have any queries regarding your application, please contact Mark Gillick at Circol ELT. [mark.gillick@Circolelt.ie](mailto:mark.gillick@repakelt.ie) (01) 4618600