

APPLICATION FOR CONSIGNMENT AUTHORISATION MOVEMENT OF CONTROLLED WASTE BETWEEN STATES AND TERRITORIES

NATIONAL ENVIRONMENT PROTECTION MEASURE

From:

Organisation _____
Contact Person _____
Telephone _____ Facsimile _____
Email: _____

To:

EPA Victoria,
GPO Box 4395QQ, Melbourne 3001
Phone: 03 9695 2662 Fax: 03 9695 2692
Email: wasteissues@epa.vic.gov.au

THIS SECTION TO BE COMPLETED BY THE PRODUCER OF THE WASTE

I hereby apply for a consignment number for the transport of the waste described below from _____ (State of origin) to _____ (State of destination).

Name of waste producer _____

Waste description _____

Form of waste (tick form) Liquid Sludge Solid Liquid & solid

Waste code (List 1) Contaminants (List 2)

UN number Dangerous Goods Class Bulk/no. of packages

Amount of waste kilograms litres or tonnes

Name of transporter _____

Licence or permit no. Date(s) of transport: from / / to / /

Method of transport Road only Rail and road Ship and road Ship, rail and road

Name of facility receiving waste _____

Intended disposal route(s): Recycling Energy recovery Chemical/phy treatment
Immobilisation Incineration Storage Landfill Other

If the intended disposal route is storage or immobilisation, indicate the final fate of the waste:

Landfill Other Briefly note destination _____

I declare that to the best of my knowledge the above information is true and correct.

Name (BLOCK LETTERS) _____ Signature _____ Date _____

OFFICIAL USE ONLY

The consignment number issued to the applicant.

This consignment authorisation must be used in relation to the waste described above, subject to any conditions and limitations attached, and is valid from to inclusive.

Authorised Officer _____ Date _____

This authorisation may be amended or revoked at any time.

EPA Victoria