SEKHUKHUNE
District Municipality
Private Bag X8611 Groblersdal 0470, 3 West Street Groblersdal 0470
Tel : (013) 262 7300, Fax: (013) 262 3688
E-Mail : sekinfo@sekhukhune.co.za

MUNICIPAL HEALTH SERVICES
"APPENDIX C"
APPLICATION FORM FOR WASTE/HAZADOUS TRANSPORTATION PERMIT

A. DETAILS OF PERSON IN CHARGE (whose name the permit and notifications will be issued)

1. Name and Surname (in full) ……
2. Name of business ……
3. Identity Number/passport ……
4. Address physical ……
5. Address postal ……
6. Contact numbers: Landline……..Cell……

B. TYPE OF WASTE TO BE TRANSPORTED (Tick appropriate column)

HAZARDOUS SUBSTANCES/ SEWAGE WASTE	HEALTH CARE RISK WASTE	GENERAL WASTE	RECYCLABLE WASTE

C. **PARTICULARS OF WASTE TRANSPORTATION**

1. Type of transport ……
2. Make and model of waste transportation vehicle……
3. Vehicle/s Licence number ……
4. Fuel type (petrol/Diesel) ……
5. Vehicle capacity ……
6. Colour of transportation……

D. **PARTICULARS OF APPLICANT**

1. Name ……
2. Capacity (e.g. Owner/Managing Director/Secretary/Manager) ……
3. Postal Address ……
4. Contact number ……
5. Email Address ……

SIGNATURE: …… DATE OF APPLICATION: ……

NB: Kindly take note that the vehicle and necessary equipment used for handling and transporting waste must be brought in for compliance inspection by the owner.

BANKING DETAILS:
Account holder: SEKHUKHUNE DISTRICT MUNICIPALITY.
Bank: STANDARD BANK
Account no: 271149418
Amount payable: **R450.00**
Reference: MHS