

**Request Form for the Addition of a Port for Export  
to a Waste Collection Permit (where EWC codes are already on the permit)**

<b>PERMIT HOLDER DETAILS</b>	
Name of Waste Collection Permit Holder:	
Permit Number:	
Permit Expiry Date:	
<b>DETAILS OF THE PORT OF EXPORT</b>	
NAME OF PORT	
NAME OF PORT	
NAME OF PORT	
NAME OF PORT	
NAME OF PORT	
NAME OF PORT	
NAME OF PORT	
NAME OF PORT	
NAME OF PORT	
NAME OF PORT	
NAME OF PORT	
NAME OF PORT	
NAME OF PORT	
NAME OF PORT	
<b>BROKER/DEALER/NOTIFIER DETAILS</b>	
BROKER/DEALER NAME	
BROKER/DEALER ADDRESS	
BROKER/DEALER REGISTRATION NO.	
REGISTRATION EXPIRY DATE	

**EWC CODES THAT WILL BE TRANSPORTED TO THE PORT(S) LISTED** (All of these details must be supplied)

EWC Code	Corresponding Waste Description	Detailed Waste Description for Codes ending in '99'

\*please use additional sheet if necessary.

**BROKER/DEALER/NOTIFIER DECLARATION**

- I declare that the aforementioned waste collector will be transporting the waste types listed above/attached to the Ports listed on my behalf for the purposes of export to international waste facilities.
- I will ensure that all waste movements at my request are undertaken in accordance with the provisions of Regulation (EC) 1013/2006 on shipments of waste, and the Waste Management (Shipments of Waste) Regulations, 2007.
- I will ensure that hauliers are appropriately authorised to collect and transport the waste specified in a TFS notification or described in an Annex VII document to the port.
- I will provide Permit Holders with details of the country of destination of the waste for the purposes of completing their Waste Collection Permit Annual Return.

<b>Signed:</b>	
<b>Print Name:</b>	
<b>Position/Title:</b> <i>(where applicable)</i>	
<b>Date</b>	

**PERMIT HOLDER DECLARATION**

Please amend my Waste Collection Permit, to include the Ports listed above.  
I confirm that in the absence of international waste facilities on my waste collection permit, I will maintain records of the **country of destination** for all waste movement as this information will be required for inclusion in my annual return.

<b>Signed:</b>	
<b>Print Name:</b>	
<b>Position/Title:</b> <i>(Where applicable)</i>	

**ADDITIONAL INFORMATION**

**FACILITY ADDITION FEES**

Fees are based on how quickly you wish your request to be processed

<b>STANDARD ELECTRONIC</b> Within 10 Working Days <b>€25</b>	<b>STANDARD HARDCOPY</b> Within 10 Working Days <b>€30</b>	<b>FAST-TRACK ELECTRONIC OR HARDCOPY</b> Within 2 Working Days <b>€50</b>
<b>Credit Transfer or Direct Lodgement</b>	Lodge to Offaly County Council's Bank Account: <b>Address:</b> Bank of Ireland, Bridge Street, Tullamore, Co. Offaly. <b>Sort Code:</b> 90-19-09 <b>Account Number:</b> 48640672 <b>PLEASE QUOTE CODE 05197008 AND INCLUDE YOUR NAME</b>	
<b>Postal Money Order or Bank Drafts</b>	Crossed and made payable to <b>Offaly County Council</b>	
<b>Cash, Cheque, Credit or Debit Card</b>	Pay at the Cash Office in Offaly County Council, or pay with credit or debit card, over the phone. Phone Offaly County Council on 057 93 46800. The NWCP cannot take payment details for security reasons.	

**IMPORTANT:**

Please be advised that the requirements for the “traceability” and “Third Party Verification” of final treatment of waste in Third Countries is currently under review at a European level (e.g.. the requirements of Articles 17 (“Control of Hazardous Waste”), 35 (“Record Keeping”), 37.3 (“Treatment in Third Party Countries”), 37.5 (“Third Party Verification of Data”) and 37.6 (“Establishment of Specific Rules for Third Party Verification of Data”) of the Proposal for Revision of the Waste Framework Directive 2008/98/EC). This may result in new legislation/policies/protocols in this regard in the future.