

**ALL FIELDS ARE MANDATORY. IF ANY PART OF THIS FORM IS INCOMPLETE OR IF INFORMATION IS INACCURATE, YOUR APPLICATION WILL BE RETURNED AS INVALID AND A NEW APPLICATION WILL BE REQUIRED.**

Before filling out this application form, you are advised to read the accompanying **FAQs** (available to download on [www.nwcpo.ie](http://www.nwcpo.ie))

In case we need to query this application, please provide your contact details below: **(BLOCK CAPITALS PLEASE)**

COMPLETED BY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

I confirm (✓) that I have read the **FAQs** that accompanies this application form (available on [www.nwcpo.ie](http://www.nwcpo.ie)) YES

### (A) FEE PAYMENT DETAILS (For payments by card, phone Offaly County Council on 057 9346800 and ask for Cash Office)

CONFIRM (✓) FEE PAID: €50  €25  PAYMENT REFERENCE NUMBER: \_\_\_\_\_

### (B) WASTE COLLECTION PERMIT DETAILS

PERMIT NUMBER: \_\_\_\_\_

PERMIT EXPIRY DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PERMIT HOLDER NAME: \_\_\_\_\_

TRADING ADDRESS: \_\_\_\_\_

### (C) AUTHORISED FACILITY / PORT WHICH HAS AGREED TO ACCEPT CODES LISTED BELOW\*

NAME OF WASTE FACILITY / PORT WASTE WILL BE DELIVERED TO: \_\_\_\_\_

WASTE FACILITY NUMBER: \_\_\_\_\_

FACILITY PERMIT EXPIRY DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

### (D) LIST OF WASTE CODES WHICH WILL BE DISPOSED / RECOVERED AT THE ABOVE FACILITY\*

The addition of codes that would result in a material or significant change to the nature, focus or extent of the existing waste collection activity, will not be added (see **FAQs** for more information).

EW C Code(s) (6-digit number) <i>(Max. 10 Per Fee)</i>	Corresponding Waste Description	Detailed Waste Description for codes ending in '99'
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**\*Codes and Authorised Facility / Port will be added to the Permit at the same time, where applicable.**

### (E) AUTHORISED WASTE FACILITY PERMIT HOLDER DECLARATION (Not applicable if adding a Port)

I declare that the above information I have provided to the Permit Holder is correct and that my facility is authorised to accept the waste types listed on this form and I agree to accept the above waste types from this Waste Collector.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME: \_\_\_\_\_

POSITION / TITLE: \_\_\_\_\_

### (F) WASTE COLLECTION PERMIT HOLDER DECLARATION

I declare that the above information is correct to the best of my knowledge and that waste collected will only be brought to an authorised waste facility / Port.

SIGNED: \_\_\_\_\_

DATE:\* \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*This form must be submitted to the NWCP O within 10 Working Days of this date**

PRINT NAME: \_\_\_\_\_

COMPANY NAME:  
*(where applicable)*

POSITION / TITLE: \_\_\_\_\_

Completed forms should be emailed to: **additions@nwcpo.ie**  
*(email attachments over 20MB cannot be accepted by the NWCP O. Please check file size of attachments before sending)*  
Alternatively, completed forms can be submitted by post or delivered by hand to:  
**NWCP O, Offaly County Council, Áras an Chontae, Charleville Rd., Tullamore, Co. Offaly, R35 F893**