

**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) DETAILS OF (OWNED) VEHICLE(S) TO BE ADDED TO THE ABOVE WASTE COLLECTION PERMIT

	<b>Registered Owner Name</b> <i>Registered Owner Name on the Vehicle Registration Certificate must be <b>identical</b> to the Permit Holder Name on the front page of the Waste Collection Permit. Inconsistencies will result in your application being deemed invalid. (Maximum 10 Vehicles Per Fee)</i>	<b>Vehicle Registration Number</b>	<b>Confirm (✓) copy of Vehicle Registration Certificate is included</b>
1			YES <input type="checkbox"/>
2			YES <input type="checkbox"/>
3			YES <input type="checkbox"/>
4			YES <input type="checkbox"/>
5			YES <input type="checkbox"/>
6			YES <input type="checkbox"/>
7			YES <input type="checkbox"/>
8			YES <input type="checkbox"/>
9			YES <input type="checkbox"/>
10			YES <input type="checkbox"/>

### (D) MOTOR VEHICLE INSURANCE DETAILS

INSURANCE COMPANY/BROKER:

INSURANCE POLICY NUMBER:

INSURANCE POLICY EXPIRY DATE: \_\_\_/\_\_\_/\_\_\_

### (E) WASTE COLLECTION PERMIT HOLDER DECLARATION

I declare that the above information is correct to the best of my knowledge. I acknowledge that I, the Permit Holder, bear the full responsibility for all waste collection activities undertaken by all vehicles listed on this Waste Collection Permit (Section 34 (10), Waste Management Act, 1996).

SIGNED:

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

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

PRINT NAME:

COMPANY NAME:  
(where applicable)

POSITION / TITLE:

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