



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)

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) 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 LEASED AND / OR SUB-CONTRACTOR VEHICLE(S) TO BE ADDED TO THE ABOVE PERMIT

	Registered Owner Name <small>Must (i) be a legal entity, (ii) match Registered Owner Name on VRC and (iii) if a Limited or Unlimited Company, must match name registered with Companies Registration Office (Maximum 10 Vehicles Per Fee)</small>	Vehicle Registration Number	End Date of Lease / Sub-Contractor Arrangement <small>(or enter expiry date of the Waste Collection Permit)</small>	Confirm (✓) copy of Vehicle Registration Certificate is included
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

TICK (✓) ONE OF THE FOLLOWING: The vehicle(s) listed above is (are) insured under the **Permit Holder's Fleet Policy** YES **OR** I enclose a **Motor Contingency Policy Declaration** for the vehicle(s) listed above YES

INSURANCE COMPANY/BROKER:

INSURANCE POLICY NUMBER:

INSURANCE POLICY EXPIRY DATE: ___/___/___

(E) VEHICLE REGISTERED OWNER DECLARATION (Leaser or Sub-Contractor)

I declare, that my vehicle, as listed above will be used for the collection of waste, on behalf of the above named Waste Collection Permit Holder and by no other Waste Collection Permit Holder. Where I operate my vehicle as a Sub-Contractor (Owner-Driver), I declare that I will abide by the relevant conditions of the Waste Collection Permit.

SIGNED:

DATE: ___/___/___

PRINT NAME:

COMPANY NAME:
(where applicable)

POSITION / TITLE:

(F) 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 NWCPD 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 NWCPD. 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: **NWCPD, Offaly County Council, Áras an Chontae, Charleville Rd., Tullamore, Co. Offaly, R35 F893**