

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 from www.nwcpo.ie)

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

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: €25 STANDARD (10 working day turnaround) *PAYMENT REF. _____
 €50 FAST TRACK (2 working day turnaround) *Where payment is made by Bank Transfer / EFT, evidence of same must submitted with this application.

(B) WASTE COLLECTION PERMIT DETAILS

PERMIT NUMBER:

PERMIT EXPIRY DATE: ___/___/___

PERMIT HOLDER NAME:

TRADING ADDRESS:

(C) LAND BANK WITH NUTRIENT MANAGEMENT PLAN(S) TO BE ADDED – All fields to be completed in full

Only land banks with valid Nutrient Management Plans (NMPs) that have been prepared to the satisfaction of the Local Authority in which it is located, may be added.

NMP Reference No. <small>(Max. 10 Per Fee)</small>	NMP Reference Name (Landowner/Occupier) and Land-Bank Address	NMP Expiry Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

(D) LOCAL AUTHORITY DECLARATION

I declare that _____ County / City Council is satisfied with the preparation of the Nutrient Management Plan(s) (NMP(s)) listed above.

SIGNED:

DATE: ___/___/___

PRINT NAME:

POSITION / TITLE:

(E) 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 the above land-bank(s) with Nutrient Management Plan(s).

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 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 can be submitted by post or delivered by hand to:
NWCPD, Offaly County Council, Áras an Chontae, Charleville Rd., Tullamore, Co. Offaly, R35 F893