

Request Form for the Addition of Owner / Driver (Sub-Contractor) Vehicle(s) to a Waste Collection Permit

PERMIT HOLDER DETAILS			
Waste Collection Permit Holder Name:			
Address:			
Permit Number:		Expiry Date:	_/_/___

DETAILS OF SUB-CONTRACTOR VEHICLE TO BE ADDED				
Name of Vehicle Owner:				
Vehicle Registration Number:				
Expected Duration of Sub Contract Arrangement:	Start Date	_/_/___	End Date*	_/_/___
Vehicle Registration Certificate Attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	FAILURE TO SUBMIT A VEHICLE REGISTRATION CERTIFICATE WILL RESULT IN YOUR REQUEST BEING DENIED	

Vehicle Registration Certificates (VRCs) must be in **the correct name** of the Owner / Driver.
VRCs incorrectly named will result in your request being denied.

INSURANCE DETAILS	
Is the Vehicle insured under the Permit Holder’s Fleet Policy or is there a Motor Contingency Policy in place? **	
* In the case of no end date, please enter the expiry date of the Waste Collection Permit	
** See Insurance Requirements overleaf	

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

VEHICLE OWNER DECLARATION	
I declare, that my vehicle, as listed above will be used for the collection of waste, on behalf of the named Permit Holder above and by no other Waste Collection Permit Holder for the time period detailed above. I also declare that I will abide by the relevant conditions of the Waste Collection Permit.	
Signed:	
Print Name:	
Company: <i>(where applicable)</i>	
Position / Title: <i>(where applicable)</i>	

Please continue on Page 2

Guidance on the completion of this Form

Vehicle Registration Certificates (VRCs) must be in **the correct name** of the Owner / Driver.
VRCs incorrectly named will result in your request being denied.

INSURANCE REQUIREMENTS

**The Permit Holder's Motor Insurance must cover the Owner / Driver vehicle.
The Owner / Driver's Insurance is Not Sufficient.**

If not already submitted, or if your Motor Insurance is now out of date,
please complete and submit a **Motor Insurance Declaration Form**.

If your existing Motor Insurance Policy is not sufficient to cover the Owner /Driver vehicle, please submit a
Motor Contingency Policy Declaration from *your* (i.e. the Permit Holder's) Insurance Company.

VEHICLE ADDITION FEES

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

STANDARD ELECTRONIC	STANDARD HARDCOPY	FAST-TRACK ELECTRONIC OR HARDCOPY
Within 10 Working Days €25	Within 10 Working Days €30	Within 2 Working Days €50
Credit Transfer or Direct Lodgement*	Lodge to Offaly County Council's Bank Account: Address: Bank of Ireland, Bridge Street, Tullamore, Co. Offaly. Sort Code: 90-19-09 Account Number: 48640672 IBAN: IE64 BOFI 9019 0948 6406 72 IBIC: BOFIE2D Please quote code: 05197008 and include applicant name.	
Postal Money Order or Bank Drafts	Crossed and made payable to Offaly County Council	
Cash, Cheque, Credit or Debit Card	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 NWCPO cannot take payment details for security reasons.	

Please return completed form by email to:

additions@nwcpo.ie

(*IMPORTANT: Please include payment reference in your email message.

If making a payment using E.F.T., please include your name.

Without it your payment cannot be identified and therefore the addition will be delayed.)

Alternatively, completed forms can be returned by post to:

NWCPO, Offaly County Council, Áras an Chontae, Charleville Rd., Tullamore, Co. Offaly

www.nwcpo.ie