

# PUBLIC HEALTH ACT

## Form 7 - Application For Registration To Carry Out An Activity Described By Section 192E of the Public Health Ordinance.

*(In answering any questions, you may continue on a separate sheet which you must clearly mark and attach firmly to this form).*

**Name**.....

**Business Address**.....

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**Registered Address (if different)**.....

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**Can you please give details of your telephone number, fax number or e-mail code**

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**What Described Activity do you propose to pursue? (tick as appropriate)**

collecting or transporting waste on a professional basis

arranging as dealers or brokers for the disposal or recovery of waste on behalf of another person.

**How do you intend to carry out your Described activity?**

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**What categories of waste products do you intend to deal with?**

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**What environmental health protection measures do you propose to take? Please give full details of the technology, machinery, hardware or software you intend to use.**

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**What quantities of waste do you estimate you shall be dealing with?**

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**Can you please supply full details of the site on which you intend to dispose of the relevant waste products?**

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**Do you propose to store waste products pending final transportation for disposal? Is so how and where do you propose to store the waste products?**

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**Do you intend to store toxic substance? If so, please give full details as to substances and intend storage techniques.**

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**Do you intend to collect polychlorinated biphenyls or polychlorinated terphenyls or any mixture of the two (PCB's)? If so, can you please give full details of the technical equipment you intend to use and which you consider will make your installation an appropriate one of the pursuance of such activities, stating the reasons for your belief in that equipment's appropriateness.**

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**What arrangements do you intend to make to maintain full records of all aspects of the running and management of your installation and service?**

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I certify that the information contained in this Application is true to the best of my knowledge and belief.

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(Signature of applicant)

.....  
(date of application)

Please post this application to:

Environmental Agency

37 Town Range

Gibraltar

Tel: ++350 70620

Fax: ++350 74119

email: [admin@environmental-agency.gi](mailto:admin@environmental-agency.gi)