**ENVIRONMENT ACT 2005**

**ENVIRONMENT (CONTROL OF DUST) REGULATIONS 2010**

**APPLICATION FOR CERTIFICATE**

**REGULATION 4**

I/We being a person intending to undertake an activity or operation to which the Control of Dust Regulations 2010 are applicable hereby apply for a Certificate of Approval.

1.

|  |  |
| --- | --- |
| Name: | Tel No. |
| Capacity: |
| Registered Address: | Fax No. |
| Principal Address of the business: | E-mail: |

2.

|  |  |
| --- | --- |
| Site Office Address: | Tel No: |
|  | Fax No: |
|  | E-mail: |

3.

Details of person in charge of the activity or operation:

|  |
| --- |
| Name: |
| Position: |
| Mobile Tel No. |

4.

Out of Hours Contact Details:

State names, position and out of hours telephone numbers of personnel who may be contacted out of hours.

|  |  |  |
| --- | --- | --- |
| 1. Name | Position | Tel No. |
| 2. Name | Position | Tel.No |

5. State the activity or operation for which a Certificate of Approval is sought.

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6. State the address or name of site in respect of which this application is made.

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Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application must be submitted together with a Dust Control Plan as required by Regulation 4 of the Dust Control Regulations 2010 to:-

Chief Environmental Health Officer

37 Town Range

Gibraltar