

Please complete this form in full 24 hours prior to delivery, supplying appropriate details so that there is no delay in processing this application. **A permit number must be issued before Waste can be accepted at the Southern Landfill.** Approved applications will be notified by fax to confirm acceptance. Completed forms can be faxed to Landfill Administration on 04 383 4401. Some hazardous waste may take longer than 24 hrs to be approved. Special Waste will be accepted Monday to Friday 0800 –1600 hours at the Southern Landfill Only. Asbestos must be wrapped in heavy plastic or polythene and sealed. Maximum number of sheets per bundle is 20. No loose or poorly wrapped asbestos will accepted at the Landfill.

**APPLICATION FOR DISPOSAL OF SPECIAL WASTE**

1. Waste Generator: \_\_\_\_\_

2. Customer Number: \_\_\_\_\_

3. Location where waste generated: \_\_\_\_\_

4. Business Address: \_\_\_\_\_

\_\_\_\_\_

5. Contact Person: \_\_\_\_\_

Contact Number: ( Phone) \_\_\_\_\_

( Fax) \_\_\_\_\_

Name of driver: \_\_\_\_\_

7. Waste Description: \_\_\_\_\_

*(Refer NZCIC Guidelines for Waste Management Practice in NZ)* \_\_\_\_\_

\_\_\_\_\_

8. Requested Date of Delivery: \_\_\_\_\_

9. HAZCHEM Code: \_\_\_\_\_

10. Quantity: \_\_\_\_\_

11. Packaging Method: \_\_\_\_\_

12. Odorous: Yes / No (delete one) If Yes describe odour

\_\_\_\_\_

13. Storage Site Prior To Transport: \_\_\_\_\_

\_\_\_\_\_

**14. Name of Transporter:** \_\_\_\_\_

**15. Name of Driver:** \_\_\_\_\_

**16. Declaration by Generator**

I declare that the above waste application form is accurately described and in proper condition for transport in accordance with the Transport Act.

I hereby accept full liability for any loss or damage, of whatsoever kind including direct or indirect, special or consequential loss arising as a result of any inaccuracy in or omission from the information provided by me and agree to fully indemnify The Wellington City council for any claims which may be made against The Wellington City Council arising from such inaccuracies or omissions.

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

Full Name: \_\_\_\_\_

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

**17. Declaration by the Transport Operator :**

I acknowledge the receipt of the waste consignment is described above:

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**18. Special disposal instruction where applicable:** \_\_\_\_\_

\_\_\_\_\_

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**19. Disposal charges:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_