



**APPLICATION TO REGISTER AS AN ACCREDITED SERVICE PROVIDER IN TERMS OF THE CITY OF CAPE TOWN INTEGRATED WASTE MANAGEMENT BY-LAW (PG 6756)**

WHERE APPLICABLE, PROVISION OF THE FOLLOWING INFORMATION IS COMPULSORY:

1. Business details
2. Contact details of authorised company representative
3. Waste Management Plan
4. Licences for Waste Treatment activities/Facilities
5. Licences for Waste Transport Activities
6. Scrap Metal Dealer Certificate of Registration
7. Confirmation by company representative
8. Nature of Business and detailed list of services/activities to be considered for accreditation

**For Office Purposes:**

Reference Number .....

Type of Registration:

New		Renewal		Update of Information		De-Registration	
Y	N	Y	N	Y	N	Y	N

**1. BUSINESS INFORMATION**

Municipal Account No: ..... OR Business Partner No: .....

Name of Company: .....

Company Registration: .....

Company Physical Address: (*within the COCT*) .....

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Latitude: ..... Longitude: .....

Company Postal Address: .....

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.....

Business Tel No: ..... Business Fax No: .....

Tick nature of Business:

Scrap Metal dealing

Storage

Collection

Recycling

Processing

Disposal

Other (Specify) .....

Tick preferred means of communication: E-mail  Post  Fax

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## 2. CONTACT DETAILS OF AUTHORISED COMPANY REPRESENTATIVE

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Full name of person signing this form and mandated to represent the company :

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Designation: .....

Identity No: .....

Contact Tel: ..... Cell: .....

Contact E-mail: .....

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## 3. WASTE MANAGEMENT PLAN

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Attach company's waste Management Plan. (**Note:** Provide a detailed list of all services/activities to be considered for accreditation)

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#### 4. LICENCES FOR WASTE TREATMENT ACTIVITIES/FACILITIES

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Attach certified copies of all permits or licences issued in terms of legislation by the Provincial or National authority to operate waste management activities of facilities.

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#### 5. LICENCES FOR WASTE TRANSPORT

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Does your business transport waste for profit?      Yes       No

*(If no, skip to next section)*

Waste Type Transported

Hazardous       Health Care       General Waste

*(Attach certified copies of authorisation from Department of Transport)*

Number of vehicles used for waste transport:

*(Attach certified copies of vehicle licences and certificates of fitness)*

Number of employees transporting general waste:

*(Attach certified copies of driver's licences and PrDP's)*

Number of employees transporting hazardous waste:

*(Attach certified copies of driver's licences, medical and Hazchem certificates, and PrDP's)*

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#### 6. SCRAP METAL DEALER CERTIFICATE OF REGISTRATION

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Does your business deal in scrap metal profit?      Yes       No

*(If no, skip to next section)*

*(If yes, attach certified copy of a valid certificate of registration as issued by the National Commissioner of the SA Police Services)*

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**7. CONFIRMATION BY COMPANY REPRESENTATIVE**

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I, ....., authorised company representative for .....

....., hereby declare that all the information provided in this application is valid and correct.

.....  
Signature

.....  
Date

**SUBMISSION OF APPLICATIONS**

*Post: Director: Solid Waste Department, PO Box 298, Cape Town 8000*

*Hand delivery: Solid Waste Registry, 19<sup>th</sup> Floor, Cape Town Civic Centre, Hertzog Boulevard*

*Telephone: 0860 103 089*

*Fax: 021 400 4302*

*E-mail: [wastewise.user@capetown.gov.za](mailto:wastewise.user@capetown.gov.za)*

**CERTIFIED COPIES OF ALL SUPPORTING DOCUMENTS TO BE PROVIDED WITH THIS APPLICATION**