LANDSCAPE AND WASTE MANAGEMENT AGENCY

NON HAZARDOUS WASTE DISPOSAL FORM

Tel: LWMA Head Office: +248 4324334, Landfill: +248 4374972

1.Generator:

Name: _____

Address: _____

Contact Person: _____

TEL: _____

Email: _____

2.Request Date of Transportation:

_____

3.Estimated Quantity:

_____ Kg or L or m^3

4.No. of Trips:

_____

5.Status of Waste (*you may select more than one option*)

☐DAMAGE GOODS ☐CUSTOMS/SRC BONDED GOO ☐EXPIRED GOODS ☐GLASS

☐PUTRESCENT WASTE ☐CEMENT ☐PUBLIC HEALTH ☐BIOSECURITY

6.COMPOSITION OF WASTE TO BE DISPOSED (*attached list*)

_____

7.Name of Waste Generator: _____

8. I hereby certify that the information is complete and correct to the best of my knowledge. I hereby covenant and able by the current laws and legislation of the republic of Seychelles regarding the transportation and disposal of waste.

Official Stamp

Contractor Name: _____

Date & Signature: _____

9.For use of competent authority:

Official Stamp

☐SRC/ Custom ☐Public Health ☐NBA ☐SFRSA ☐Recycling company

Name and Signature: _____

Date and Time of disposal:_____

10.For use by Landfill officer:

Official Stamp

Approved Disposal Date: _____ Approved Disposal Time: _____

Mode of disposal:☐Deep burial ☐Sludge Pit ☐Other(specify) _____

Location Of Disposal: _____

Name of Landfill Officer: _____ Signature _____