**Application for the Renewal and Transfer of a Waste Permit/ Licence in terms of the National Environmental Management: Waste Act, 2008 (Act No. 59 of 2008), as amended, and the Environmental Impact Assessment Regulations 2014**

**Kindly note that:**

1. This form must be used to apply for the Renewal and Transfer of a waste licence or permit.
2. This form is current as of 01 April 2014. It is the responsibility of the Applicant / EAP to ascertain whether subsequent versions of the form have been published or produced by the competent authority.
3. The required information must be typed within the spaces provided in the form. The sizes of the spaces provided are not necessarily indicative of the amount of information to be provided. It is in the form of a table that can extend itself as each space is filled with typing.
4. Incomplete applications may be rejected or returned to the applicant for correction.
5. The use of “not applicable” in the form must be done with circumspection. Where it is used in respect of material information that is required by the competent authority for assessing the application, this may result in the rejection of the application as provided for in the regulations.
6. No faxed or e-mailed applications will be accepted.
7. Unless protected by law, all information contained in and attached to this application, will become public information on receipt by the competent authority. Upon request during any stage of the application process, the applicant / EAP must provide any registered interested and affected party with the information contained in and attached to this application.
8. This form must be submitted to the Department at the postal address given below or by delivery thereof to the Registry Office of the Department. Should the application form and attached reports not be submitted to the addresses given below it will be rejected.
9. Proof of payment of the prescribed fee of R2000 must accompany the submission of this form, unless an exclusion applies (see 11 below).

**DEPARTMENTAL DETAILS**

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| --- |
| **Postal address:**Department of Environmental AffairsAttention: Director: Environmental Impact EvaluationPrivate Bag X447Pretoria 0001 **Physical address**:Department of Environmental AffairsFedsure Forum Building (corner of Pretorius and Van der Walt Streets)2nd Floor North Tower315 Pretorius StreetPretoria0002Queries should be directed to the Sub-Directorate: Systems Management on: Tel: (012) 310 399 9791 or licence@environment.gov.za**View the Department’s website at www.sawic.org.za for the latest version of the documents.** |

**Department of Environmental Affairs’ details for the payment of application fees**

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| **Banking details:****ABSA Bank****Branch code: 632005****Account number: 1044 2400 72****Current account****Reference number : Company Name- Waste License Transfer or Renewal (important to quote this when making payment)**  **Forward proof of payment to: DD Waste Licensing Systems Management****Fax:** **Email: wastelicensing@environment.gov.za****Application reference number to be sent with proof of payment****Payment Enquiries:** **Contact person: Lucas Mahlangu****Tel: 012 399 9791****Email: wastelicense@environment.gov.za****Tax exemption status:****Status: Tax exempted** |

1. **EXCLUSIONS**

**An applicant is excluded from paying fees if:**

* **The activity entails the rehabilitation of wetlands;**
* **The activity is a community based project funded by a government grant; or**
* **The applicant is an organ of state.**

**Applicants are required to tick the appropriate box below to indicate that either proof of payment is attached or that, in the**

**applicant’s view, an exclusion applies. Proof and a motivation for exclusions must be provided.**

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|  |

**Proof attached**

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**Exclusion applies**

|  |  |
| --- | --- |
| **TYPE OF EXCLUSION** | **Tick which exclusion is applicable. Proper** **motivation must be provided if any option is** **chosen.**  |
| **The activity entails the rehabilitation of wetlands** |  |
| **The activity is a community based project funded by a government** **grant** |  |
| **The applicant is an organ of state** |  |

1. **Application Details**

|  |  |
| --- | --- |
| Name of person to whom the Waste License was issued: |  |
| Contact person: |  |
| Postal address: |  |
|  |
| Postal code: |  |
| Telephone: |  | Cell: |  |
| E-mail: |  | Fax: |  |
|  |
| Environmental Assessment Practitioner (EAP) who undertook the previous EIA process: |  |
| Contact person: |  |
| Postal address: |  |
|  |
| Postal code: |  |
| Telephone: |  | Cell: |  |
| E-mail: |  | Fax: |  |
|  |
| EAP Qualifications: |  |
| EAP registrations/Associations: |  |
|  |
| (If any) Environmental Assessment Practitioner assisting the applicant in this application (EAP): |  |
| Contact person: |  |
| Postal address: |  |
|  |
| Postal code: |  |
| Telephone: |  | Cell: |  |
| E-mail: |  | Fax: |  |
|  |  |
| EAP Qualifications: |  |
| EAP registrations/Associations: |  |
|  |
| Name of landowner if the person to whom the environmental authorisation has been issued is not the owner |  |
| Contact person: |  |
| Postal address: |  |
|  |
| Postal code: |  |
| Telephone: |  | Cell: |  |
| E-mail: |  | Fax: |  |
|  |
|  | In instances where there is more than one landowner, please attach a list of landowners with their contact details to the back of this page, together with copies of the notices given to these landowners about the transfer or renewal application.  |
|  |
| Project Description: |  |
| Farm name, Erf No., portion etc: |  |
| Physical address where authorised activity is taking or will take place: |  |
| Magisterial District or Town: |  |
| Departmental reference number of the previous environmental authorisation in respect of which a Transfer or Renewal is applied for: |  |
| Date of issue of environmental authorisation: |  |
| Activity/ies for which authorisation was granted: |  |
| **Please Note: A certified copy of the environmental authorisation must be attached to this application.** |

1. **DETAILS OF IMPLEMENTATION OF PREVIOUS WASTE LICENSE**

|  |  |  |
| --- | --- | --- |
| Was the authorised listed activity(ies) commenced with during the validity period of the waste license? If yes, please describe the implementation of the previous waste license to date with specific reference to the authorised listed activity(ies): | YES | NO |
|  |

1. **AMENDMENTS APPLIED FOR AND RELATED INFORMATION**

Please indicate which of the following is relevant:

3.1 The holder of a Waste Management License may at any time apply to the relevant              competent authority for the Renewal or Transfer of the authorisation if:

|  |  |  |
| --- | --- | --- |
| (a) there is a material change in the circumstances which existed at the time of the granting of the waste license; | YES | NO |
| (b) there has been a change of ownership in the property and transfer of rights and obligations must be provided for; or | YES | NO |
| (c) any detail contained in the waste license that must be amended, added, substituted, corrected, removed or updated. | YES | NO |

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| 3.2 Describe the amendments that are being applied for: |
|  |

|  |
| --- |
| 3.3 Please provide the reasons and/or a motivation for the application for amendment: |
|  |

**4 ENVIRONMENTAL IMPACTS**

|  |
| --- |
| 4.1 Describe any negative environmental impacts that may occur if the application for amendment is granted, amongst others information on any increases in air emissions, waste generation, discharges to water and impacts of the natural or cultural environment must be included. |
|  |

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| 4.2 Describe any negative environmental impacts that may occur if the application for amendment is not granted. |
|  |

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| 4.3 Describe any positive environmental impacts that may occur if the application for amendment is granted, amongst others information on any reduction in the ecological footprint, air emissions, waste generation and discharges to water must be included. |
|  |

**5 AUTHORISATION FROM OTHER GOVERNMENT DEPARTMENTS**

|  |  |  |
| --- | --- | --- |
| Are any permission, licenses or other authorisations required from any other departments before the requested amendments can be effected? | YES | NO |

If yes, please complete the table below.

|  |  |  |
| --- | --- | --- |
| Name of department and contact person | Authorisation required | Authorisation applied for(Yes/ No) |
|  |  |  |

**6 RIGHTS OR INTERESTS OF OTHER PARTIES**

|  |  |  |
| --- | --- | --- |
| 6.1 In your opinion, will this proposed amendment adversely affect the rights and interests of other parties? | YES | NO |
| 6.2 Please provide a detailed motivation of your opinion. |
|  |

**NOTE: The Department is entitled to request further information if it believes it is necessary for the consideration of the application. If the application is for a substantive amendment or if the rights or interests of other parties are likely to be adversely affected, the Department will instruct the applicant to conduct a public participation process and to conduct any investigations and assessments that it deems necessary.**

**7 DECLARATION:**

I, , declare that I will comply with all my legal obligations in terms of this application and provide accurate information to everyone concerned in respect to this application.

Signature of the applicant:

Name of company or organisation:

Date:

COMISSIONER OF OATH STAMP

Date: