



# Waste Transport Annual Return

Section 48 Environment Protection Act 1993

**Send completed return to**

The Licensing Team  
 Environment Protection Authority  
 GPO Box 2607 ADELAIDE SA 5001

**Enquiries**

Freecall (outside metro): 1800 623 445  
 Tel: (08) 8204 2058 or (08) 8207 1874  
 Email: epalicensing@sa.gov.au  
 Website: www.epa.sa.gov.au

If you are unsure of any requirements of this form, contact the EPA Licensing Team on (08) 8204 2058.

**Preamble**

This Annual Return is for Waste Transport licensed by the Environment Protection Authority where the only licensed activity is 'waste transport business' (Category A and/or B).

**This form must be completed in full and signed (on the back page) by an authorised person. If the submitted form is incomplete, it cannot be processed.**

This form should not be used to include a new application for a licence. If you wish to apply for a new prescribed activity to be added to your licence (other than for transport activities) please submit a New Licence Application.

**Note: A maximum penalty of up to \$60 000 applies for providing false or misleading information.**

## SECTION 1:

### Applicant Details

**1.1 Your current EPA Licence No.**

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**1.2 Have any of your licence details changed?**

(refer to your current licence front page – Name and Postal Address)

Yes  No

**If No**, continue with application and confirm existing details.

**If Yes** for Postal Address only, continue with application and confirm details.

**If Yes for Name of Licence – DO NOT CONTINUE –**

contact the EPA Licensing Team on (08) 8204 2058.

**1.3 Full name of applicant(s) to hold licence**

(the name(s) to appear on the licence)

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Do you have a Trading or Business name?

Yes  No ABN: \_\_\_\_\_

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**1.4 Body corporate or company details (if applicable)**

ACN: \_\_\_\_\_

Address of registered office:

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Postcode: \_\_\_\_\_

**1.5 Postal address for all correspondence**

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Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

## 1.6 Who is authorised to act on behalf of the Applicant for the licence?

- a. Contact name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_
- b. Contact name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_
- c. Contact name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_
- d. Contact name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_
- (if insufficient space, please add additional people in Section 3)

## 1.7 Contact person for enquiries relating to this application

Contact name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_

## SECTION 2:

### Confirmation of Transport of Waste

For waste transported for fee or reward.

#### 2.1 What types of waste do you transport? (please tick)

- | Solid   | Category |
|---|----------|
| <input type="radio"/> Domestic (on behalf of Council)   | B        |
| <input type="radio"/> Contaminated soil   | B        |
| <input type="radio"/> Medical   | A        |
| <input type="radio"/> Transport of medical waste not exceeding 40 litres at any one time  |          |
| <input type="radio"/> Transport of medical waste exceeding 40 litres at any one time  |          |
| <input type="radio"/> Asbestos – friable  | A        |
| <input type="radio"/> Asbestos – non friable  | A        |
| <input type="radio"/> Solid waste (from any commercial or industrial premises or teaching/research institution – other than building or demolition waste) | B        |
| <input type="radio"/> Other (please specify)  | –        |

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- | Liquid  | Category |
|---|----------|
| <input type="radio"/> Grease trap/vegetable             | A        |
| <input type="radio"/> Septic tank effluent              | B        |
| <input type="radio"/> Water/oil mixtures                | A        |
| <input type="radio"/> Inert sludge/wool scouring sludge | A        |
| <input type="radio"/> Water-based paint sludge          | A        |
| <input type="radio"/> PCBs, HCBs, OCPs, etc             | A        |
| <input type="radio"/> Waste oil                         | A        |
| <input type="radio"/> Acids                             | A        |
| <input type="radio"/> Alkalis                           | A        |
| <input type="radio"/> Organic solvents                  | A        |
| <input type="radio"/> Other (please specify)            | –        |

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## DECLARATION

If the applicant is:

**1. A company, body corporate or proprietary company the following must sign this declaration:**

- a director and/or the company secretary and/or a person appointed as a responsible officer.

**2. A natural person(s):**

- each person or a person legally authorised by the applicant must sign this declaration.

**3. A statutory body:**

- a person whom the Minister has authorised must sign this declaration.

**4. An incorporated association:**

- a person(s) who is authorised under the rules of that association.

**For government departments that do not involve a statutory body, the Minister or a person whom the Minister has authorised must sign this declaration.**

**For joint applications, all parties must sign this declaration.**

*I/we hereby declare that the information provided in this application and accompanying documents, to the best of my knowledge, is true and correct.*

a. Name

Signature

Position of signatory

Date

b. Name

Signature

Position of signatory

Date

c. Name

Signature

Position of signatory

Date

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