



Waste Transport Renewal Application

Section 43 Environment Protection Act 1993

Send completed application 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) 8204 9107
 Email: epalicensing@sa.gov.au
 Website: www.epa.sa.gov.au

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

Preamble

The EPA is South Australia’s environmental protection regulator.

Our environmental goals are:

- ✓ Good quality land
- ✓ Good quality water
- ✓ Good quality air
- ✓ Safe use of radiation
- ✓ Protection from unacceptable noise
- ✓ Sustainable use of resources

Responsible management of prescribed activities through licensing is integral to achieving our environmental goals.

This renewal is for the Waste Transport Activities licensed by the Environment Protection Authority.

This form must be completed in full and signed (on the back page) by an authorised person.

A FEE OF \$238 MUST BE SUBMITTED WITH THIS FORM TO ENABLE YOUR APPLICATION TO BE PROCESSED.

This fee value is current to 30 June 2024.

If you wish to include an additional Waste Transport activity you must complete a:

New Licence Application – Waste Transport Only

Lodgement & Assessment fees apply.

Further information about your fees is available at:
epa.sa.gov.au/business_and_industry/licence_fee_system

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.

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)

Do you have a Trading or Business name?

Yes No ABN:

1.4 Body corporate or company details (if applicable)

ACN:

Address of registered office

Postcode:

1.5 Postal address for all correspondence

Postcode:

Email:

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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: _____
- (if not enough room, 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, or do you intend to 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)	–

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)	–

2.2 From which of the following premises will you collect waste?

- Industrial premises
 Commercial premises
 Teaching or research institutions
 Hospitals
 Dental, medical or veterinary clinics
 Other (please specify)

2.3 Do you intend to transport waste into, out of or across South Australian borders?

- Yes No

2.4 Specify vehicles to be used for transport of waste (see 2.1 at left for category reference)

Category A

For transport of 40 litres or less of medical waste per trip

- Make & reg no _____
 Make & reg no _____
 Make & reg no _____
 Make & reg no _____
 Make & reg no _____
 Make & reg no _____
 Make & reg no _____

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

Note that a maximum penalty of up to \$60 000 applies for providing false or misleading information.



South Australia

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