

APPLICATION FOR CONSIGNMENT AUTHORISATION FOR THE
MOVEMENT OF CONTROLLED WASTE BETWEEN STATES
AND TERRITORIES



Tasmania

National Environment Protection Measure

From:

Name of Waste Producer: _____
 Name of Organisation: _____
 A.C.N.(& ABN): _____
 Contact Person: _____
 Telephone: _____
 Facsimile: _____
 Address where the waste is produced: _____

Send To:

Department of Primary Industries, Water &
 Environment
 Environment Division
 GPO Box 44 Hobart 7001 TASMANIA
 Phone: 03-6233 6518
 Fax: 03-6233 3800

This section must be completed for EACH waste type by the Producer of the waste (block Letters)

I hereby apply for a consignment number for the transport of the waste described below,

From: _____ (State or Territory of Origin) to **Tasmania**. Name any Transit State:.....

Is this application for multiple loads **Y/N** If yes, how many? _____

Name of Waste Producer: _____

Waste Description: _____

Waste Form (tick box): Liquid Sludge Solid Liquid & Solid Soil

NEPM Waste Code: Contaminant(s): _____

UN Number: Dangerous Goods Class: Bulk/No of Packages:

Amount of Waste: Kilograms or Litres or Tonnes

Name of Transporter(s): _____
 (If there is insufficient space then you must attach details to this form)

Transport Licence or Permit No: Date(s) of Transport: from: / / to: / /

Method of Transport: Road only Rail and Road Ship and Road Ship, Rail and Road

Name of Facility Receiving Waste: _____ Licence Or Permit No: _____

Intended Disposal Route(s): Recycling Energy Recovery Chemical/Phys Treatment
 Immobilisation Incineration Storage Landfill Other

If the intended disposal route is storage or immobilisation, indicate the final fate of the waste:.....

Landfill Other Briefly note destination: _____

I declare that to the best of my knowledge the above information is true and correct.

Name (**block Letters**): _____ Signature: _____ Date: _____

Office Use Only

The consignment number is issued to the applicant.

This consignment authorisation must be used in relation to the information and the waste described above, and must comply with any additional conditions or limitations attached, and is valid from: / / to / / inclusive.

Authorised Officer _____ Date: _____

***Note that this Authorisation may be amended or revoked at any time