

FIFTH SCHEDULE, *contd.***FORM 4****THE NATURAL RESOURCES CONSERVATION AUTHORITY ACT**

The Natural Resources (Hazardous Waste) (Control of Transboundary Movement)
Regulations, 2002

*Application for Permit to Export Hazardous Waste
(pursuant to regulation 9)*

NOTE: Please read the following before completing this Form

1. This Form should be completed in triplicate in block letters and submitted along with any specified supplemental information to--

The National Environment and Planning Agency
10 Caledonia Avenue
Kingston 5
Jamaica, W.I.
2. This Form shall be accompanied by
 - (a) a notification form supplied by the Authority;
 - (b) a movement form supplied by the Authority;
 - (c) a written contract between the exporter/generator and the disposer specifying environmentally sound management of the waste;
 - (d) documents indicating that the appropriate insurance coverage, including indemnity for damage to third parties and for environmental damage or an adequate bank guarantee, trust fund, bond, line of credit, escrow account or such other form of security relating to damage to third parties and environmental damage, as the Authority considers appropriate, has been put in place;
 - (e) an emergency response plan which cover the movement of the waste from the point of generation/storage to the point of exit from Jamaica; and
 - (f) the prescribed application fee of J\$2,500. This fee is nonrefundable.
3. Please attach certified copies of all statutory approvals granted to date and copies of all applications made and not yet determined.
4. A separate form must be completed for each intended export of hazardous waste except where such export is to the same foreign receiver subject to the form of operation for storage, recycling and disposal.
5. This Application must be completed in the correct order to avoid delay in its processing. Where attached sheets and other technical documents are utilized in lieu of the space provided, indicate appropriate cross reference. Paragraphs that are not applicable to your application should be marked N/A.

FIFTH SCHEDULE, *contd.*

6. The fee for the special permit and general is J\$15,000 and J\$30,000, respectively. The fee becomes payable at the time of the issue of the permit.
7. If you are in any doubt about any provision of this Application, please consult with an authorized officer before completing it.

A. General

Enter X in appropriate box: general permit special permit

1. Full name of exporter of waste: _____

2. Address of exporter: _____

3. Contact person(s): _____

4. Telephone No.: _____ Fax No. _____ E-Mail address: _____

5. Specify name, registration number
and country of registration of company,
if different from name generator: _____

B. Generator of Waste

6. Please specify name of generator,
if different from exporter: _____

7. Address and company registration
number of generator: _____

8. Telephone No.: _____ Fax No.: _____ E-mail Address: _____

C. Category of Hazardous Waste

9. Quantity of waste to be exported (kilogrammes/Litres) _____

10. Indicate the designation of categories of waste in accordance with the
First Schedule using the prescribed type as stated therein - _____

D. Custom

11. Indicate the port of exit from Jamaica: _____

12. Indicate the port of entry in the importing State or the transit State(s), if any: _____

D. Declaration of Applicant

I declare that the information contained in this Application and the supplemental information provided is accurate and complete to the best of my knowledge and belief.

I understand that any misrepresentation contained in this Application may lead to the discontinuation of the processing of the Application and the revocation of any permit granted. I further understand that the permit, if granted, is not transferable and may be suspended or revoked for breach of any of the terms or conditions stipulated therein.

SWORN BY the said (Print or type)
name of applicant or if applicant is)
a legal body the name and title of)
two authorized officers)
for and on behalf of (name of)
body)
this day of , 20)
At)
In the parish/State of)
in the country of)

Signature(s) of applicant/officers

Before me:----

Notary Public

To be completed by Notary Public
Put X in the appropriate box:

[] my commission expires on (____/____/____)
dd mm yy

[] my commission does not expire

N.B. Please annex a certificate to this Form to the effect that the person by whom this Form has been witnessed is duly commissioned and practising in such State or Country, or some portion thereof, and that full faith and credit can be given to his acts and indicating the date upon which the commission expires.

