

FIFTH SCHEDULE

(Regulations 7, 9, 10, 11,
13 and 18)

FORM 1

THE NATURAL RESOURCES CONSERVATION AUTHORITY ACT

The Natural Resources (Hazardous Waste) (Control of Transboundary Movement)
Regulations, 2002*Application for Transit Permit
(pursuant to regulation 7(2))*NOTE: Please read the following before completing this Form

1. This Form shall be completed in triplicate in block letters and submitted along with any required supplemental information to

The National Environment and Planning Agency
10 Caledonia Avenue
Kingston 5
Jamaica, W.I.

2. The Completed Form shall be accompanied by -

- (a) a notification form
- (b) copies of the contract made between the exporter and disposer of the waste and any written consents/approvals granted by the importing State and any other transit State(s) for the movement of the waste;
- (c) 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 necessary, has been put in place;
- (d) evidence on the process by which the waste was generated;
- (e) information transmitted (including technical description of the plant) to the exporter or generator from the disposer of the waste upon which the latter has based his assessment that there was no reason to believe that the waste will not be managed in an environmentally sound manner in accordance with the laws and regulations of the country of import; and
- (f) the prescribed application fee of US\$150 or the Jamaican currency equivalent at the current rate of exchange. This fee is non-refundable.

3. This Form must be completed in order to avoid delay in its processing. Where attached sheets and other technical documents are utilized instead of or in addition to the space provided, indicate appropriate cross-reference. Paragraphs that are not applicable to your application should be marked N/ A. The applicable permit fee of US\$550 for a special transit permit or US\$1,100 for a general transit permit or the Jamaican currency equivalent at the current rate of exchange becomes payable at the time of issuance of the permit.
4. If you are in doubt about any provision of this Form, please consult with an authorized officer before completing it.

A. *General*

1. Full name of applicant: _____

2. Address of applicant: _____

3. Telephone No.: _____ Fax No.: _____ E-mail address _____

B. *Waste Generator*

4. Full name of generator,
if different from applicant: _____

Address of generator: _____

Contact person: _____
Telephone No.: _____ Fax No.: _____ E-mail address _____

C. *Carrier*

5. Quantity of waste to be exported (kilogrammes/litres) _____
6. Indicate the designation of the categories of waste in accordance with the First Schedule using prescribed type and physical description as stated therein -

7. Estimated date and time (Greenwich Mean Time) of arrival of waste in area under the jurisdiction of Jamaica:

N.B. If using more than one carrier attach a list and of carriers provide similar information in respect of each carrier.

D. Declaration of Applicant

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

I understand that may 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) Signature(s) of applicant/officers
this day of , 20)
At)
In the parish/State of)
in the country of)

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 his acts and indicating the date upon which the commission expires.

FOR OFFICIAL USE ONLY

Other information attached: _____

Application fee enclosed _____

Comments:

Authorized officer _____

Date (____/____/____)
 dd mm yy