

PUBLIC HEALTH ACT

Public Health (Waste) (Licensing Forms) Rules

Form 6 - Application For A Duplicate Licence To Carry Out An Activity Described By Section 192D of the Public Health Act.

(In answering any questions, you may continue on a separate sheet which you must clearly mark and attach firmly to this form).

1. Name.....
2. Business Address.....
.....
3. Registered Address *(if different)*.....
.....
4. Can you please give details of your telephone number, fax number or e-mail code
.....
5. When did you last apply for a licence to carry out an activity prescribed by section 192D of the Public Health Act? Can you please supply as much details as possible, including your licence's Serial Number.
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.....
6. Why do you wish to apply for a duplicate of your licence?
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.....
7. If your licence has been lost or stolen, have you reported the matter to the Police?
.....
8. When does your licence expire?
.....

I undertake to surrender the original Licence to the Government should it return to my possession.

I certify that the information contained in this Application is true to the best of my knowledge and belief.

.....
(*Signature*)

.....
(*date of application*)

Please post this application to: