

SCHEDULE 1  
APPLICATION FORM

Regulation 4

ENVIRONMENTAL ACT 2005

CONTROL OF DUST REGULATIONS 2010

APPLICATION FOR CERTIFICATE  
REGULATION 4

I/We being a person intending to undertake an activity or operation to which the Control of Dust Regulations 2010 are applicable hereby apply for a Certificate of Approval.

1	Name:	
	Capacity:	Tel No:
	Registered Address:	Fax No:
	Principal Address of the business:	E-mail:

2	Site Office Address:	Tel No:
		Fax No:
		E-mail:

3. Details of person in charge of the activity or operation:

Name:
Position:
Mobile Tel No:

4. Out of Hours Contact Details:

State names, position and out of hours telephone numbers of personnel who may be contacted out of hours.

1. Name	Position	Tel No:
2. Name	Position	Tel. No:

5. State the activity or operation for which a Certificate of Approval is sought.

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**2005-27**

**Environment**

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**ENVIRONMENT (CONTROL OF DUST) REGULATIONS 2010**

**Subsidiary  
2010/127**


6. State the address or name of site in respect of which this application is made.


This application must be submitted together with a Dust Control Plan as required by Regulation 4 of the Dust Control Regulations 2010 to:-

Chief Environmental Health Officer  
37 Town Range  
Gibraltar