

Application for Authorization

Asbestos Waste Management Regulations

Alternative Packaging/Shipments in Bulk



OFFICE USE ONLY	
Date Received: (yyyy/mm/dd)	File #

Please Print or Type. Complete Sections 1, 2, 3, 4 and 6 for ALL Applications. Complete areas of Section 5 that are applicable to the specific activities of this application only.

SECTION 1 – APPLICANT

If there is more than one applicant, the first applicant listed will be considered the primary applicant for this project. To add other applicants, attach a complete list of applicants with the information below.

Applicant

Company/Organization/Municipality

Business Number (BN) if applicable

First Name Middle Initial Last Name

Primary Phone Number Ext. Secondary Phone Number Ext. Fax

E-mail

Civic/Street Address

Mailing Address (if different than Civic)

County Community

Province Postal Code Country

Return Correspondence? Yes No

Note: Following application decision, all correspondence will go to the applicant.

Preferred Method of Contact? Email Letter

Applicant Type Municipality Recognized Agent Professional Engineer
(if applicable) Other If Other, specify _____

SECTION 2 – APPLICATION CONTACT

Is the Application Contact the same as Section 1 Yes No If yes, skip to Section 3.

If there is more than one contact, attach a complete list of contacts with the information below.

Contact

Company/Organization/Municipality

Business Number (BN) if applicable

First Name

Middle Initial

Last Name

Primary Phone Number Ext.

Secondary Phone Number Ext.

Fax

E-mail

Civic/Street Address

Mailing Address (if different than Civic)

County

Community

Province

Postal Code

Country

Return Correspondence? Yes No

Note: Following application decision, all correspondence will go to the applicant.

Preferred Method of Contact? Email Letter

Applicant Type Municipality Recognized Agent Professional Engineer

(if applicable) Other If Other, specify _____

SECTION 3 – SITE/LOCATION

Provide details on the location where the asbestos waste will be generated.

Site Name

For each property associated with this site, fill out the information below. If the activity/facility covers more than one property, copy and attach the additional information.

Civic/Street Address

Lot Number

County

Community

Property Identification # (PID)

Additional Directions to Site (if applicable)

SECTION 4 – ACTIVITY DETAILS

Proposed activities

Type of Activity Check (✓) all that apply.

- Alternative packaging* in a container less than 205 litres
- Shipment In bulk in a container larger than 205 litres
- Shipment In bulk in a vehicle without intermediate packaging

Proposed Project Dates

Start Date (yyyy/mm/dd)

Completion Date (yyyy/mm/dd)

*Alternative packaging means any packaging that is not a plastic bag having a thickness of not less than 6 mil, sealed and either placed inside another plastic bag having the same thickness or inside a non-reusable drum with a capacity of 205 litres or less.

SECTION 5 – SUPPORTING DOCUMENTATION

The following documents must be submitted with this Application. However, additional information may be requested.

Attach for Alternative packaging less than 205 litres

Description	Submitted	Waiver requested	Reason for Waiver
Proof of Ownership/Agreement/Legal Right to conduct activity	<input type="checkbox"/>	<input type="checkbox"/>	
Description of Waste Material being handled and reasons why alternative packaging is required.	<input type="checkbox"/>	<input type="checkbox"/>	
Packaging Details on the proposed packaging. Include manufacturer's specifications for containers or material to be used to encapsulate the waste.	<input type="checkbox"/>	<input type="checkbox"/>	
Detailed Plans Details on how the package will be filled, sealed and labelled.	<input type="checkbox"/>	<input type="checkbox"/>	

Attach for Shipment In Bulk

Description	Waiver Submitted requested		Reason for Waiver
<p>Proof of Ownership/Agreement/Legal Right to conduct activity</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Description of Waste Material being handled and reasons why alternative packaging or why shipping with no intermediate packaging is required.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Packaging Details on any proposed packaging or material to be used to encapsulate the waste. Include manufacturer's specifications.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Detailed Plans Details on how the package will be filled, sealed, labelled and secured to the vehicle or sealed into the vehicle without intermediate containment to prevent release of asbestos, including wetting methods or other methods and procedures for controlling airborne fibers.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Air Quality An evaluation of the need to conduct air quality testing and, if it is necessary, air quality testing procedures.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Unloading Provide details on how the waste will be unloaded at the waste disposal facility in a manner to prevent a release of asbestos.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Letter of consent Provided from the disposal facility confirming their Approval allows them to accept the waste in the manner proposed.</p>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 6 – DECLARATION

Information in this application package which the applicant considers to be confidential business information should be clearly identified.

Are you making this request? Yes No

If yes, indicate which information in the Supporting Documentation is considered confidential.

- I acknowledge it is an offense under Section 158 of the Environment Act to provide false or misleading information, and confirm to the best of my knowledge and belief the information provided in this form and supporting documentation is true and accurate and complies with the relevant provisions of the Environment Act and Regulations.

Applicant's Signature: _____ Date: (yyyy/mm/dd) _____

Name (Print or type): _____

OR

I certify that I am acting with the applicant's full consent.

Signature: _____ Date: (yyyy/mm/dd) _____

Name (Print or type): _____