

Form A : HW Generator Registration Form

Section A1: Company Profile				
Type of application: <input type="checkbox"/> New <input type="checkbox"/> Amendment				
DENR ID:		Date Issued:		
Payment O.R. No.:				
Name of Establishment:				
Facility Address:				
Region:		Province Code:		
Tel.:	Fax:	E-mail:		
Managing Head:				
Pollution Control Officer (PCO):				
PCO Tel.:		PCO E-mail:		
PCO Accreditation No.:		Date of Accreditation:		
General Description of Business Operation:				
Nature of Business:				
PSIC Number:		Major Products:		
Date of Establishment:		SEC/DTI Registration No.:		
Total Number of Employees:				
ECC Number(s):				
Permit to Operate Number:		Date Issued:		
		Validity:		
Discharge Permit Number:		Date Issued:		
		Validity:		

Section A2: Hazardous Waste Profile				
HW Number	Name and Description	Estimated annual generation (MT)	Current/ existing volume (MT)	Current waste Management Practices <i>(add another page if necessary)</i>
HW Nature <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Sludge <input type="checkbox"/> Gas		HW Cataloguing <input type="checkbox"/> Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Reactive <input type="checkbox"/> Flammable		
HW Number	Name and Description	Estimated annual generation (MT)	Current/ existing volume (MT)	Current waste Management Practices <i>(add another page if necessary)</i>
HW Nature <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Sludge <input type="checkbox"/> Gas		HW Cataloguing <input type="checkbox"/> Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Reactive <input type="checkbox"/> Flammable		

I certify that enclosed information is a true and accurate record as available.

Name of Preparer: _____ **Designation:** _____

Signature: _____ **Date:** _____