

Application for Registration to Move and Dispose of International Catering Waste under European Union (animal by-products) Regulations (S.I. no. 187 of 2014) and in accordance with Regulation (EC) No. 1069 of 2009 and Regulation (EU) No. 142 of 2011

Information Note

Please note the following:

- In order to be registered to Move and Dispose of ICW (International Catering Waste) the applicant must comply with the European Communities (Animal By-Products) Regulations 2014 (S.I. No. 187 of 2014) and in accordance with Regulation (EC) No. 1069/2009 and Regulation (EU) No. 142/2011.
- **Please note:** The application form must be completed by the ‘operator’. The operator is defined as ‘the natural or legal persons having an animal by-product or derived product under their actual control, including carriers, traders and users’.
- The completed application form and supporting documentation should be sent to: Department of Agriculture Food and the Marine (DAFM), Milk and Meat Hygiene/ABP/TSE Division, (Animal By-Products), Grattan House, Grattan Business Centre, Dublin Road, Portlaoise, Co Laois.
- *Applications that are incomplete, that contain insufficient or unsatisfactory information or that do not comply with conditions or legislative requirements will be returned to the applicant and a revised, fully completed application must be re-submitted.*

Application for Registration to Move and Dispose of International Catering Waste under European Union (animal by-products) Regulations (S.I. no. 187 of 2014) and in accordance with Regulation (EC) No. 1069 of 2009 and Regulation (EU) No. 142 of 2011

Please complete the application form in block capitals in black or blue ink. Please do not leave any section blank, or it may be returned to you for completion.

1. Applicant/Operator* Details																																		
Name:																																		
Address:																																		
PPS Number:																																		
VAT Number:																																		
CRO Number:																																		
Telephone Number:																			<i>LANDLINE</i>															
Mobile Number:																			<i>MOBILE</i>															
Email Address:																																		
Name and Address of Company for which registration is sought (if different from above)																																		
Name:																																		
Address:																																		
Signature of Applicant (operator): _____ <i>*The applicant must be the operator. 'Operator' means the natural or legal persons having an animal by-product or derived product under their actual control, including carriers, traders and users.</i> Print Name: _____ Position within the Company: _____ Date: <table border="1" style="display: inline-table; vertical-align: middle; text-align: center; width: 100px; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																																		

DAFM SHOULD BE NOTIFIED IMMEDIATELY OF ANY CHANGES TO THE ABOVE INFORMATION

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2. Name and Address of Location from where ICW is to removed

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3. Name and Address of Landfill/Incinerator Site where ICW will be disposed

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4. Name, Address and Contact No. of Owner of Landfill Site/Incinerator Site
EPA Licence Number of Landfill/Incinerator Site (if relevant)

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5. Were you licenced to Move ICW from this location in 2015? YES NO
If NO go to 7 below.

6. Please provide licence number(s) of operator(s) you used to land ICW at this location in 2015.

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7. Particulars of Licence Holder(s) who will land the ICW under this authorisation.

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8. Please provide the name, address and licence number(s) of the operators(s) you will use to land ICW if different from above.

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DECLARATION

I, the undersigned declare that the information provided here, and the supporting documentation is correct to the best of my knowledge and belief. I understand I must comply with the conditions of any approval granted to me.

Signature: Date:

Print Name: Title:

CONTACT DETAILS

For Further Information contact:

**Department of Agriculture, Food and the Marine,
Milk and Meat Hygiene/ABP/TSE Division (Animal By-Products Section),
Grattan House,
Grattan Business Centre,
Dublin Road, Portlaoise, Co. Laois
Phone Number: 0761 064440 Fax Number: 057-8694386
Email Address: animalbyproducts@agriculture.gov.ie**