
PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES

Rules made under s.337.

**Subsidiary
1996/079****PUBLIC HEALTH (WASTE) (LICENSING FORMS)
RULES****(LN. 1996/079)****1.8.1996**

Amending enactments	Relevant current provisions	Commencement date
LN. 2017/171	Sch.	24.8.2017

In exercise of the powers conferred on me by section 337 of the Public Health Act and of all other enabling powers, I have made the following rules -

Title and commencement.

1. These Rules may be cited as the Public Health (Waste) (Licensing Forms) Rules and shall come into effect on the 1st day of August, 1996.

Prescription of forms and model licence.

2. The forms and model licence set out in Schedule 1 shall have effect pursuant to the requirements of section 192Q(1) of the Public Health Act.

SCHEDULE 1

PRESCRIBED FORMS & MODEL LICENCE

PART I

PRESCRIBED FORMS

**Form 1 Application For A Licence To Carry Out An Activity
Prescribed By Section 192D of the Public Health Act.**

*(In answering any question, 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. *Please provide details of your telephone number, fax number or e-mail.*

5. *Please provide details of a licensed financial institution prepared to supply us with a credit reference of your business.*

6. *What Prescribed Activity do you propose to pursue?
(tick as appropriate)*
 - disposal of waste
 - recovery of waste
 - storage of waste
 - abandonment, dumping or otherwise depositing waste on any land (in so far as such activity does not constitute a disposal)

PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES

Subsidiary
1996/079

- collection of waste oil
 - disposal of waste oil
 - regeneration of waste oil
 - use of waste oil as fuel
 - storage of waste oil
 - disposal of the residues of regeneration of waste oil
 - disposal of the residue of combustion of waste oil
7. *How do you intend to carry out your prescribed activity?*
8. *What categories of waste products do you intend to deal with?*
9. *What environmental health protection measures do you propose to take? Please give full details of the technology, machinery, hardware or software you intend to use.*
10. *What quantities of waste do you estimate you shall be dealing with?*
11. *What security precautions do you propose to take in your premises and regarding your equipment?*
12. *Please provide full details of the site on which you intend to dispose of the relevant waste products?*

PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES**Subsidiary
1996/079**

13. *Please provide full details of the method(s) which you propose to use in the treatment of the relevant waste.*

14. *Have you registered with the Government as a waste collector or as an agent for a waste collector?*

15. *How do you propose to store waste products?*

16. *Do you propose to store toxic substances separately from other waste products? Please give full details.*

17. *Do you intend to make any atmospheric emissions? If so, please give full details including the estimated level of any such emissions.*

18. *Do you intend to dispose of polychlorinated biphenyls or polychlorinated terphenyls or any mixture of the two (PCB's)? If so, please provide full details of the technical equipment you intend to use and which you consider will make your installation an appropriate one for the pursuance of such activities, stating the reasons for your belief in that equipment's appropriateness.*

19. *What arrangements do you intend to make to maintain full records of all aspects of the running and management of your installations?*

PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES

Subsidiary
1996/079

20. *Have you complied with the licensing procedures as set out in section 192Q of the Public Health Act?*

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

.....
(signature of applicant)

.....
(date of application)

Please post this application to;

Environmental Agency,
37 Town Range,
Gibraltar.

**Form 2 Application For An Extension Licence To Carry Out An
Activity Prescribed By Section 192D of the Public Health Act.**

*(In answering any question, 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. *Please provide details of your telephone number, fax number or e-mail.*

5. *When did you last apply for a licence to carry out an activity prescribed by section 192D of the public Health Act?
(Please state your last licence's Serial Number)*

6. *Has your organisation been fined, judicially or administratively reprimanded or otherwise suffered any sanction resulting from any failure to uphold its legal or contractual duties?*

7. *Why do you wish to apply for an extension of your licence?*

8. *Have any of your replies contained in your last application materially changed in the interim? Please give full details.*

9. *What period do you wish to have your licence extended for?*

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:

Environmental Agency,
37 Town Range,
Gibraltar.

PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES

Subsidiary
1996/079

**Form 3 Notice of Intention To Apply For A Licence To Carry
Out An Activity Prescribed By Section 192D Of The Public Health Act
Or An Extension Thereof.**

Name of Applicant ;

Business Address ;

Registered Address ;
(if different)

Licence Applied for ;

Date of Application ;

.....
(Signature)

.....
(Date of Notice)

PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES

Subsidiary
1996/079**Form 4 Notice Of Objection To The Issuing Or Extension Of A Licence To Carry Out An Activity Prescribed By Section 192D Of The Public Health Act.**

(Notes for guidance; the "applicant" referred to in this Form is the person requesting a Licence, and the "objector" the person objecting to such a request being accepted by the Government)

Name of Applicant ;

*Applicant's Business
Address ;*

*Licence Applicant
Applied for ;*

Date of Application ;

Name of Objector ;

*Business Address
of Objector ;*

Please state below the nature of your objections. Full reasons in support of your objections should also be given. Any documentary evidence submitted to the Government with this Notice should be in its original form, and shall be returned on request. Please continue on a separate sheet, which you should mark and attach to this notice, should the need so arise.

Please send this Notice to the Applicant and to the Government at the following address .

Environmental Agency,
37 Town Range,
Gibraltar.

1950-07

Public Health

PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES

**Subsidiary
1996/079**

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

.....
(Signature)

.....
(Date of Notice)

9. *What period do you wish to have your licence granted for?*

10. *What is the nature of your emergency?*

11. *For what reason(s) is an application on Form 1 not possible?*

PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES

Subsidiary
1996/079

12. *Do you undertake to make a full application on Form 1 as soon as is reasonably possible?*

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:

Environmental Agency,
37 Town Range,
Gibraltar.

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

(In answering any question, 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. *Please provide details of your telephone number, fax number or e-mail.*

5. *When did you apply for a licence to carry out an activity prescribed by section 192D of the public Health Act?
Please provide as much detail as possible, including your Licence's serial number.*

6. *Why do you wish to apply for a duplicate of your licence?*

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.

PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES

**Subsidiary
1996/079**

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;

Environmental Agency,
37 Town Range,
Gibraltar.

PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES

**Subsidiary
1996/079**

**Form 7 - Application For Registration To Carry Out An Activity
Prescribed By Section 192E 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. Please provide details of your telephone number, fax number and email

.....

.....

5. What prescribed activity do you propose to pursue? (tick as appropriate)

- collecting or transporting waste on a professional basis.
- arranging as dealers or brokers for the disposal or recovery of waste on behalf of another person.

6. How do you intend to carry out your prescribed activity? Please note the methods to be used for each type of activity.

.....

.....

.....

7. What categories of waste products do you intend to deal with?

.....

.....

PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES

**Subsidiary
1996/079**

.....

8. What environmental health protection measures do you propose to take? Please give full details of the technology, machinery, hardware or software you intend to use?

.....

.....

.....

9. What quantities of waste do you estimate you shall be dealing with?

.....

.....

.....

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:
Environmental Agency
37 Town Range
Gibraltar

PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES

**Subsidiary
1996/079**

**Form 8- Application For Renewal of a Waste Licence as Prescribed By
Section 192Q of the Public Health Act.**

(In answering any question, 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. Please provide details of your telephone number, fax number and email
.....
.....

5. Please provide the expiry date and number of the licence that you wish to renew.
.....
.....

6. Have any changes been made to your waste activities or processes listed in your original application in Form 1?
.....
.....
.....

7. Have you or your organisation been fined, judicially or administratively reprimanded or otherwise suffered any sanction resulting from any failure to uphold its legal or contractual duties?
.....

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

PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES

**Subsidiary
1996/079**

.....
(Signature)

.....
(date of application)
Please post this application to:
Environmental Agency
37 Town Range

Gibraltar.

1950-07

Public Health

PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES

**Subsidiary
1996/079**

PART II

PRESCRIBED MODEL LICENCE

GOVERNMENT OF GIBRALTAR

**LICENCE PURSUANT TO PART VA OF THE PUBLIC HEALTH
ACT**

(Serial Number.....)

Name of Licensee ;

*Licensee's Business
Address ;*

*Licensee's Registered
Address ;*

*Premises/land on
which Licensed
activities to
be pursued ;*

*Prescribed Activity
for which
Licence Granted ;*

Date of Grant ;

Date of Expiry;

*Nature of Licence ; [temporary][emergency][full] [duplicate]
(cross as appropriate)*

Conditions Subject To Which This Licence Is Being Granted

.....
(Competent Authority)

.....
(Date)