

---

**PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES**

*This version is out of date*

**Subsidiary  
1996/079**

Rules made under s.337.

**PUBLIC HEALTH (WASTE) (LICENSING FORMS)  
RULES**

**(LN. 1996/079)**

**1.8.1996**

---

*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.

Public Health

**PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES**

*This version is out of date*

**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. *Can you please give details of your telephone number, fax number  
or e-mail code.*
  
5. *Can you please give 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
  - abandonment, dumping or otherwise depositing waste on any  
land (in so far as such activity does not constitute a disposal)
  - 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. *Can you please supply full details of the site on which you intend to dispose of the relevant waste products?*
  
13. *Can you please give 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, can you please give 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.*

---

PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES

This version is out of date

Subsidiary  
1996/079

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

Office of the Minister for the Environment and Health,  
Saint Bernard's Hospital,  
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. *Can you please give details of your telephone number, fax number or e-mail code.*
  
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?*

---

**PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES**

*This version is out of date*

**Subsidiary  
1996/079**

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:

Office of the Minister for the Environment and Health,  
Saint Bernard's Hospital,  
Gibraltar.

1950-07

Public Health

---

PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES

Subsidiary  
1996/079

This version is out of date

**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

This version is out of date

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.

Office of the Minister for the Environment and Health,  
Saint Bernard's Hospital,  
Gibraltar.

**1950-07**

## Public Health

---

**PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES**

**Subsidiary  
1996/079**

**This version is out of date**

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

.....  
*(Signature)*

.....  
*(Date of Notice)*

---

PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES

This version is out of date

Subsidiary  
1996/079

**Form 5      Emergency Application For A Temporary 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.    *Can you please give details of your telephone number, fax number  
or e-mail code.*
  
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.    *Have any of your replies contained in your last application  
materially changed in the interim? Please give full details.*
  
7.    *Has your organisation been fined, judicially or administratively  
reprimanded or otherwise suffered any sanction resulting from any  
failure to uphold its legal duties?*
  
8.    *Why do you wish to apply for a temporary licence?*

- 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?*
  
  
- 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:

Office of the Minister for the Environment and Health,  
Saint Bernard's Hospital,  
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. *Can you please give details of your telephone number, fax number or e-mail code.*
5. *When did you apply for a licence to carry out an activity prescribed by section 192D of the public Health Act?  
Can you please supply 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?*

**1950-07**

## Public Health

---

### **PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES**

**Subsidiary  
1996/079**

**This version is out of date**

I undertake to surrender the original Licence to the Government should it return to my possession.

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;*

Office of the Minister for the Environment and Health,  
Saint Bernard's Hospital,  
Gibraltar.

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)

**1950-07**

**Public Health**

---

**PUBLIC HEALTH (WASTE) (LICENSING FORMS) RULES**

**Subsidiary  
1996/079**

*This version is out of date*

**Conditions Subject To Which This Licence Is Being Granted**

.....  
*(Government Licensing Agent)*

.....  
*(Date)*