

WASTE COLLECTION PERMIT

A - DETAILS OF WASTE CARRIER (to be filled by Security)			
Date _____ Company _____ Time In _____ Vehicle Nr _____			
ERA License _____ License Exp Date _____ Security No. _____			
B - WASTE GENERATED BY VESSEL (to be filled by Waste Carrier)			
<i>NB : Large skip (5 m³) Small skip (1 m³)</i>	Volume m ³	Name of final disposal location (eg. WasteServ, Ghallis, Waste Oils etc)	
Plastic			
Domestic Waste (papers, cardboard, glass, metal, bottles, crockery)			
Operational Waste (solid wastes collected during normal operation or maintenance of ship)			
Cargo Residues (eg: Floating dunnage, lining or packing materials)			
Food waste			
Incinerator ash			
Waste Oil **			
On behalf of Waste Carrier (Name and surname) _____			Signature _____
C - WASTE GENERATED BY FACILITY (to be filled by Waste Carrier)			
<input type="checkbox"/> Malta Freeport Terminals <input type="checkbox"/> Medserv <input type="checkbox"/> MFF <input type="checkbox"/> Tug Malta <input type="checkbox"/>			
Other (Pls specify) _____			
<i>NB : Large skip (5 m³) Small skip (1 m³)</i>	EWC Code	Volume m ³	Name of final disposal location (eg. WasteServ, Ghallis, Waste Oils etc)
Sewage	20 03 06		
Electrical Waste **	16 02 13*		
Mixed Garbage	20 03 01		
Mixed recycling	15 01 06		
Plastic (packaging)	15 01 02		
Wood (packaging)	15 01 03		
Cardboard (packaging)	15 01 01		
Paper (non- packaging)	20 01 01		
Metal	20 01 40		
Used oily rags, gloves, filters **	15 02 02*		
Batteries **	16 06 01*		
Tyres	16 01 03		
Fluorescent Tubes and other mercury containing waste **	20 01 21*		
Other Fuel or Mixture **	13 07 03*		
Waste Oil **	13 07 01*		
Others:			
On behalf of Waste Carrier (Name and surname) _____			Signature _____
D - To be filled by Security			
Time Out _____ Security no. _____ Signature (Security) _____			
** Received copy of Waste Consignment Note			