

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)

MARPOL ANNEX 1- OIL	Volume m ³	MARPOL ANNEX V- GARBAGE	Volume m ³
Oily bilge water		A - Plastics	
Oily Residues (Sludge)		B - Food Waste	
Oily Tank Washings		C - Domestic Waste	
Dirty Ballast Waster		D - Cooking Oil	
Scale & Sludge from tank Cleaning		E - Incinerator Ashes	
Others(please Specify)		F - Operational Waste	
		G - Animal Carcass(es)	
		H - Fishing Gear	
		I - E-Waste	
		J - Cargo Residues (HME)	
		K - Cargo Residues (non-HME)	

On behalf of Waste Carrier (Name and surname) _____

Signature _____

C - WASTE GENERATED BY FACILITY (to be filled by Waste Carrier)

Malta Freeport Terminals Medserv MFF Tug Malta Other
 (Pls specify) _____

<i>NB : Large skip (5 m³) Small skip (1 m³)</i>	EWC Code	Volume m ³	Name of final disposal location
Sewage	20 03 06		
Electrical Waste **	16 02 13*		
Mixed Garbage	20 03 01		
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*		
Tyres	16 01 03		
Fluorescent Tubes and other mercury containing waste **	20 01 21*		
Waste Oil **	13 07 01*		

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