

**SHIPBOARD WASTE RECEPTION SERVICE**  
**APPLICATION TO REGISTER AS A SERVICE PROVIDER**

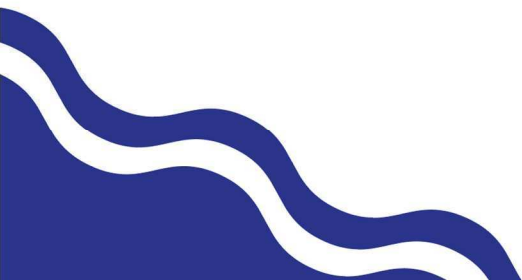
Registered Business Name:					
Trade and Business License No:					
Authorized Personnel for transactions with PACI		1.			
		2.			
		3.			
Address:					
Telephone:	Fax:	Mobile:	Email:		
Types of waste that will be received from ships (pls. tick relevant box)		Waste Oil	Garbage	Sewage	

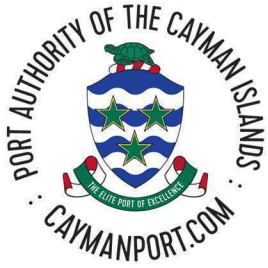
**Address of the waste disposal site (indicate separately if separate sites are used):**

<u>For Waste Oil/Oily Waste</u>
<u>For Garbage</u>
<u>For Sewage</u>

**Details of Waste Oil/Garbage /Sewage removal equipment owned by applicants:**

Type	Specifications





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**Details of Safety equipment owned by applicants:**

Type	Specifications

Please attach the specifications given by manufacturer.

**Details of personnel to be deployed for removal operations:**

Name	Qualification (If any) *	Experience (If any) *

\* To be supported with documentary evidence (If more space is needed, please submit on an additional document.)

**Copies of the certificates to be submitted with the application (tick the applicable box):**

A. Trade and Business License.	<input type="checkbox"/>
B. Valid Liability Insurance Coverage.	<input type="checkbox"/>
C. Any other license or documentation required to perform the removal service function	<input type="checkbox"/>
D. Permission/Agreement documents from the respective Local Government Agency (LGA) for waste disposal.	<input type="checkbox"/>

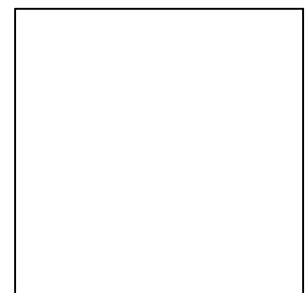
Please register (*Company Name*) \_\_\_\_\_ as a Service Provider for the above indicated service. I hereby understand that upon approval by PACI the company and its representatives will abide by the rules and regulations of the Port whilst on their premises. Approval is renewable annually from the date below.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature



Official Stamp