



Courier delivery address: 3rd Floor, 2975 Jutland Rd Victoria BC V8T 5J9

Registration Form for the Code of Practice for the Concrete and Concrete Products Industry

This registration form is to be filed with the Ministry of Environment; and may be submitted by fax, **registered** mail or courier to the above number or address. Additional information as per Section 4(2) of the Waste Discharge Regulation may be required by the director before the registration is effective.

Report Type: - indicate one choice (a, b, or c)

To update information from a previous registration, a person must re-submit a registration form with all information within 30 days of the changes to the previous registration information. See (b) below.

To cancel a registration, a person must notify a director in writing within 30 days of ceasing the discharge. See (c) below.

To cancel an existing authorization (e.g., permit), please contact MOE Regional Office.

(a)	<input type="checkbox"/> Initial registration Please list any other authorizations (e.g., permit, approval, etc.) that you currently hold for discharges at this facility.									
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; border: none;">Authorization Number</th> <th style="width: 30%; border: none;">Authorizing Ministry</th> <th style="width: 40%; border: none;">Description (what for)</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </tbody> </table>	Authorization Number	Authorizing Ministry	Description (what for)						
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(b)	<input type="checkbox"/> Update registration Registration #: RE - _____									
(c)	<input type="checkbox"/> De-register Registration #: RE - _____									

Authorization to discharge is contingent on full compliance with the Waste Discharge Regulation and the Code of Practice, including registration. Registration will be effective 45 days after the date the registration form and fee is delivered to a director, unless otherwise informed.

Please complete the Applicant Information section. If you are an authorized agent for the Applicant, also fill out the Agent Information section following.

Applicant Information		
(Enter a person's first and last name, OR a Registered Company name, but not both)		
Company Legal Name		
Doing Business As		
Last Name		
First Name		
Contact Numbers <i>(e.g., (604) 111-2222)</i>	Phone:	Cell:
E-mail address		
Legal Address <i>(as registered with B.C. Registrar of Companies)</i>		
Mailing Address <i>(if different from above)</i>		
Billing Address <i>(if different from above)</i>		
Nearest Municipality to the Facility/Site		

Authorized Agent Information *(to be completed only if representing the applicant)*

Agent's Company Legal Name			
Doing Business As			
Agent's Last Name			
Agent's First Name			
Contact Numbers <i>(e.g., (604) 111-2222)</i>	Phone:	Cell:	Fax:
E-mail address			

Applicant's Authorization for Agent

I/we *(applicant)* hereby authorize _____ to deal with the Ministry directly on all aspects of this application. *(Agent)*

Print Name of Applicant

Signature of Applicant *(not Agent or Representative)* Date *(mmm.dd.yyyy)*

You need to sign this only if you are authorizing an agent or representative to deal directly with the Ministry on your behalf.

Facility Information

Type of Facility
(describe the primary activity of the facility)

Discharge Location: *(if different from facility location)* Latitude Longitude Source of data: GPS or Survey

(must be in decimal degrees format)

Please fill in either:

Legal Land Description
(Lot/Block/Plan)

Or

PID / PIN / Crown File No.

and

Facility Address
(physical address)

Is Applicant Legal Land Owner YES NO *(If NO, please provide details below:)*

Legal Land Owner Name

Phone Number *(e.g., (604) 111-2222)*

E-mail address

Facility Operator (if different than Applicant)

Contact Last Name

Contact First Name

Phone Number
(e.g., (604) 111-2222)

Cell Number
(e.g., (604) 111-2222)

E-mail address

Code Specific Requirements

1. What air pollution control equipment is installed?

2. What effluent treatment system has been or is installed? lined pond infiltration pond other

If "other" please describe

3. Describe the pH control system?

4. Describe what you do with solid waste?

Annual Fee Calculation

The Annual fee for registering under the Code of Practice for the Concrete and Concrete Products Industry is \$200.00.

Payment Form

Amount of Payment Submitted

Form of Payment

The Ministry of Environment accepts AMERICAN EXPRESS, MASTERCARD or VISA as well as cheque or money order.

Cheque or Money Order Payment Option

For payment by Cheque or money order please make payable to **Minister of Finance** and mail to the appropriate address below.

Name as it appears on cheque or money order:

Mailing and Contact Information

You can send **REGISTERED MAIL** your completed application form with a cheque, money order or this credit card payment form to:

Environmental Management Branch
Ministry Of Environment
PO Box 9377 Stn Prov Govt
Victoria, BC V8W 9M1

Or **DELIVER** by courier to:
3rd Floor, 2975 Jutland Road, Victoria, BC V8T 5J9

Credit Card Payment Option

(Do not complete this section if you are paying by cheque or money order.)

- Please bill my:
- AMERICAN EXPRESS
- MASTERCARD
- VISA

Name as it appears on Credit Card

Name of applicant if different than name on Card

Contact telephone number for Card holder

Credit Card number

Credit Card Expiry Date

Signature

Credit card information provided on this form will not be retained. Upon authorization of payment request, this page will be destroyed.

You can **FAX** your completed application form and this credit card payment form to: **(250) 356-0299**
For information send e-mail to PermitAdministration.VictoriaEPD@gov.bc.ca