



Registration Form for the Code of Practice for the Slaughter and Poultry Processing Industries

This registration form is to be filed with the Ministry of Environment; and may be submitted by e-mail, or sent 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 border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Authorization Number</th> <th style="width: 30%;">Authorizing Ministry</th> <th style="width: 40%;">Description (what for)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Authorization Number	Authorizing Ministry	Description (what for)									
Authorization Number	Authorizing Ministry	Description (what for)											
(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 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 agent or representative 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:	Fax:
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			
Secondary Contact Information e.g., Facility Manager <i>(if different from owner above)</i>			
Contact Last Name			
Contact First Name			
Phone Number <i>(e.g., (604) 111-2222)</i>	Cell Number <i>(e.g., (604) 111-2222)</i>		

Registration Form for the Slaughter and Poultry Processing Industries Code of Practice

Agent or Representative Information <i>(to be completed if representing the owner)</i>		
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:
E-mail address	Fax:	

Owner's Authorization for Agent	
I/we <i>(discharger)</i> hereby authorize _____ to deal with the Ministry directly on all aspects of this application. <i>(Agent)</i>	
_____ Print Name of Discharger	
_____ Signature of Discharger <i>(not Agent or Representative)</i>	_____ Date <i>(mmm.dd.yyyy)</i>
<i>You need to sign this only if you are authorizing an agent or representative to deal directly with the Ministry on your behalf.</i>	

Facility Information

(check box that applies) NAICS Code

Type of Facility: Slaughtering poultry 311615

Slaughtering red meat 311611

Location: Latitude Longitude Source GPS or Survey

(must be in decimal degrees format) of data:

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

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. Please indicate how you will be paying:

Cheque Money Order Credit Card (Please provide your credit card information in the area below.)

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:

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.

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

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