**APPROVED SKIP CONTRACTOR SCHEME**

Please Note:

* Registration forms must be completed in full
* Incomplete forms will be returned and not added to the approved contractor list
* If the application is made by a Limited Company, the Company Secretary or Director(s) of the Company must complete this form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMPANY DETAILS** | | | | |
|  | | | | |
| Company Name |  | | Other Trading Name(s) |  |
| Company Number |  |
| Telephone Number |  |
| E-mail Address |  | | VAT Number |  |
|  | | | | |
| Business Address |  | | Telephone |  |
| Fax Number |  |
| E-mail Address |  |
|  | | | | |
| Operating Centre |  | | Telephone Number |  |
| Mobile Number |  |
| E-mail Address |  |
|  | | | | |
| **CONTACT DETAILS** | | | | |
|  | | | | |
| Company Director(S) Names | |  | Telephone Number |  |
| Transport Manager  Name | |  | Telephone Number |  |
| Other Contact | |  | Mobile Number |  |

|  |
| --- |
| **LICENCE / POLICY NUMBERS**  **Please ensure a photo copy of all the following documents are submitted with this form** |

|  |  |  |  |
| --- | --- | --- | --- |
| Goods Vehicle Operators Licence Number |  | Copy Enclosed? |  |
| Waste Carrier Registration Number |  | Copy Enclosed? |  |
| Waste Management Licence Number |  | Copy Enclosed? |  |
| Employer/ Employee Liability Insurance Number |  | Copy Enclosed? |  |
| Public Liability Insurance Number |  | Copy Enclosed? |  |
| Sample (blank) Waste Transfer Note |  | Copy Enclosed? |  |
|  |  |  |  |
| Name |  |  |  |
| Position |  |  |  |
| Signature |  |  |  |
| Date |  |  |  |