



**WASTEWATER MANAGEMENT AUTHORITY**

**Jerningham Street, Curepipe**

**Tel: 206 3000 Fax: 673 4270 E-mail: wma@intnet.mu**

**Application Form for a registration / renewal of permit to operate wastewater carrier**

**Regulation 5 (2) (a) of the Waste Water (Registration of Waste Water Carriers and Disposal of Waste Water) Regulations 2006**

I, ..... [Owner]  
(First name) (Surname)

of .....  
(Address)

hereby apply for **registration/ renewal** of my permit (Permit No.....) to operate a wastewater carrier, particulars of which are as follows:-

- (i) Make/Model of vehicle: .....
- (ii) Registration number: .....
- (iii) Age, condition/colour of carrier: .....yrs/ ...../ Yellow  
(Age) (Condition) (Colour)
- (iv) Tank capacity: .....litres

This is my first/second/third/ ..... application and I already hold the following permit:-

|               |                             |
|---------------|-----------------------------|
| Permit Number | Vehicle Registration number |
| .....         | .....                       |
| .....         | .....                       |
| .....         | .....                       |

I *have/have not\** been convicted of an offence under the Environment Protection Act or any regulations made under that Act. (*In case any conviction; attach copy of relevant document related to the offence*).

I herewith submit copy of the following documents:-

- (i) Registration book (Horse power certificate) of the vehicle;
- (ii) Fitness test certificate;
- (iii) Public/Private carrier licence.
- (iv) Oversize permit. (if applicable)
- (v) Identity Card of applicant and Trading licence. ( if applicable)

Phone numbers for contact are:-

Residence: .....

Office: .....

Mobile: .....

Fax No.: .....

I certify that the above particulars are correct to the best of knowledge and I undertake to forthwith notify the Authority of any changes to the above particulars.

Date

Yours faithfully,

.....

.....  
Signature of Applicant

\* Delete whichever not applicable