

Schedule 5

Form 1

[s. 43]

Registration Form

THIS FORM IS A REGISTRATION REPORT MADE UNDER
SECTION 43 (1), (2) OR (4) OF THE HAZARDOUS WASTE REGULATION

Reason for Submittal:

☐ To provide an Initial Registration Report

☐ To provide Subsequent Notification of changes to a registration report for

Generator Registration (BCG) No. / Provincial ID No.....

Dated.....*[dd/mm/yyyy]*

OR

Registered Site (RS) No..... Dated..... *[dd/mm/yyyy]*

If this is Subsequent Notification, please indicate what changes are being reported

☐ Facility Name Change ☐ Mailing Address Change ☐ Management Company Change

☐ Adding a Waste Type ☐ Removing a Waste Type

☐ Changing Quantity of Previously Registered Waste(s)

☐ Other (Describe)

INSTRUCTIONS:

- (1) A person required to register under section 43 (1) or (2) or to give notice under section 43 (4) must complete this form.
- (2) Identification numbers are site specific: complete a separate form for each hazardous waste site.
- (3) All persons must complete parts A and D. Part B is to be completed for facilities that generate hazardous waste. Part C is to be completed for management facilities. Some generator facilities may also be management facilities, and in that case, parts A, B, C and D must be completed. ***Note: a generator that temporarily stores hazardous waste before shipping it to a management facility is not considered to be a management facility.***
- (4) Send original Form 1 to: Regional Manager, Environmental Protection at the applicable regional office. Retain a copy for your records.
- (5) Please print or type the required information on the form.

Definitions:

Physical State: L=Liquid; S=Solid; G=Gas; SL=sludge.

Waste Identification: Name of Waste: (a) TDG Regulations classified Hazardous Wastes — enter UN Number, TDG Class and waste name in accordance with TDG Regulations, (b) hazardous wastes not regulated by TDGR: enter "N/A" for UN Number and TDG Class, use defined hazardous waste name.

Generated/30-day period: Estimate of amount generated.

Storage/Capacity: Maximum storage or capacity of the facility (under the regulation for each hazardous waste).

Units: Use metric, litres or kilograms (L or kg).

Handling codes: 01 storage; 02 thermal treatment; 03 chemical treatment;
04 physical treatment; 05 biological treatment; 06 secure landfill;
07 recycled; 08 solidification;
09 other, please specify..... ;
10 land farming; 11 off site management.

A. FACILITY INFORMATION:

(1) Registered corporate name (as filed with the Registrar of Companies in British Columbia).

Registered Name:

Trade Name:

Corporate Number issued by Registrar of Companies:

If the generator/facility owner is a partnership or proprietorship provide the full name of the principal(s).

.....

.....

(2) Corporate address (Full postal mailing address)

Street Address:

City: Province: Postal Code:

(3) Primary contact information at mailing address (Print Name, Telephone, Fax and email address)

Name:

Telephone Number: (.....)..... Fax Number: (.....).....

Email:

(4) Facility/site physical address, PO Box is not acceptable.

Street Address:

City: Province: Postal Code:

(5) If no physical address can be provided for the site, complete the location coordinates below.

Latitude: Deg. Min. Sec

Longitude: Deg. Min. Sec

(6) Standard Industrial Classification (SIC):

Note: The SIC system was developed to provide a method to define and classify establishments according to their primary activity. Please provide the SIC code that best describes the activities of this facility/site.

(7) Are there any discharges from the facility? YES ☐ NO ☐

If yes, indicate the nature of the discharge:

☐ Air Emission ☐ Effluent ☐ Residue (Solids, Sludge, etc.)

Describe the discharge:

(8) If there are effluent discharges (as indicated above), indicate the receiving site:

Municipal Sewer YES ☐ NO ☐ Storm Sewer/Environment YES ☐ NO ☐

B. HAZARDOUS WASTE GENERATOR:

Note: A generator ordinarily generates and stores hazardous waste onsite and ships the hazardous waste to a management or disposal facility. However, some generator facilities may also be management facilities. If a generator facility is also a management facility, the generator must also complete Part C.

(1) Generator type (Sawmill, Restaurant, Petroleum Refinery, Residence, etc.)

.....

(2) Source / process generating the Hazardous Waste (e.g. maintenance shop)

.....

(3) List the name, address and License to Transport number of the principal intended hazardous waste carrier(s)/transporter(s) for each waste type; attach a separate sheet if necessary

.....

.....

.....

(4) List the name and address of the principal intended receiver(s)/consignee(s) where you intend to ship the hazardous wastes generated for each waste type; attach a separate sheet if necessary

.....

.....

.....

(5) Complete the following table:

Physical State	Waste Identification			Quantity		Units L or kg	Handling Code
	Name of Waste	TDG UN #	TDG Class	Generated / 30-day period	In Storage		
a)							
b)							
c)							
d)							
e)							

(6) Is the mode of generation ongoing, intermittent or one-time only?

☐ Ongoing ☐ Intermittent ☐ One-time only

C. HAZARDOUS WASTE MANAGEMENT FACILITY:

(1) Check the appropriate box below:

Onsite Management Facility ☐

Receiver of Hazardous Waste ☐

Return Collection Facility (for hazardous wastes) ☐

Return to Retail Collection Facility ☐ Consolidation Site Facility ☐

(2) Type of activity (Check all that apply)

☐ Store ☐ Treat ☐ Recycle ☐ Dispose

(3) Complete the following table:

	Waste Identification			Quantity			
Physical State	Name of Waste	TDG UN #	TDG Class	Capacity		Units L or kg	Handling Code
a)							
b)							
c)							
d)							
e)							

D. CERTIFICATION:

1) I certify that the information provided on this form is correct and complete.

.....
[print company name if applicable]

.....
[print name]

.....
[telephone number]

.....
[fax number]

.....
[email address]

.....
[signature] [date (dd/mm/yy)]

2) If you are acting as an agent of the owner of the waste, please provide the information requested below and generator confirmation that you are acting on their behalf.

.....
[print company name]

.....
[print name]

.....
[telephone number] [fax number]

.....
[email address]

.....
[signature] [date (dd/mm/yy)]

GENERATOR/MANAGEMENT FACILITY AUTHORIZATION OF AGENT ARRANGEMENT:

.....
[print name] [signature]

FOR MINISTRY USE ONLY:

DATE: INITIALS:

Generator Registration (BCG) No. / Provincial ID No.

Registered Site (RS) #