

CHECKLIST FOR REGISTRATION OF BROKERS AND DEALERS
WASTE MANAGEMENT (REGISTRATION OF BROKERS AND DEALERS) REGULATIONS
(S.I. No. 113 OF 2008)

ALL OF THE FOLLOWING ITEMS MUST BE PROVIDED TO COMPLETE YOUR APPLICATION.

1. Completed Application Form
 2. Company Registration Office (CRO) Number / CRO Certificate
- OR**
- Tax Clearance Certificate
 3. Irish Business Address provided under Question 7 if applicable
(CRO Number must be provided)
 4. Signed Letter from Business Listed in Question 7 Providing Permission to use their address if applicable
(Must be on their Company Headed Paper)
 5. Stamped & Witnessed Statutory Declaration (page 3)
 6. Application fee of €200

METHODS OF PAYMENT

- By EFT (Electronic Fund Transfer) to Dublin City Council's Bank Account:
Account Name: DCC EFT A/C Sort Code: 93-20-86 Account Number: 80134597
Swift Code: AIBKIE2DXX IBAN: IE41 AIBK 9320 8680 1345 97
Please take screenshot of payment confirmation screen and include with application
Company Name and Brokers & Dealers Application must be quoted on all payments
- By credit or debit card online at <http://www.dublincity.ie> -
Select 'I want to – Pay for it' and select the relevant options. Please print payment confirmation e-mail and include with application

COMPLETED FORMS ARE TO BE RETURNED TO:

**NATIONAL TFS OFFICE
BROKERS & DEALERS REGISTRATION
FLOOR 2, BLOCK B
BLACKHALL WALK
SMITHFIELD
DUBLIN 7
D07 ENC4**

APPLICATION FORM FOR REGISTRATION OF BROKERS AND DEALERS
WASTE MANAGEMENT (REGISTRATION OF BROKERS AND DEALERS) REGULATIONS
(S.I. No. 113 OF 2008)

1. NAME OF APPLICANT _____
PREVIOUS BROKER/DEALER REGISTRATION NUMBER (IF APPLICABLE): _____
ADDRESS OF PRINCIPAL PLACE OF BUSINESS _____

TELEPHONE No. _____ MOBILE TELEPHONE NUMBER _____
FAX No. _____ E-MAIL ADDRESS _____

2. IS THE APPLICANT A BODY CORPORATE ? **YES** **NO**
IF **YES** PLEASE PROVIDE : CRO No. _____ **AND COPY OF CERTIFICATION**
IF **NO** PLEASE PROVIDE: VAT No. _____ **AND COPY OF TAX CLEARANCE**

3. PLEASE PROVIDE ALL TRADE NAMES USED OR PROPOSED TO BE USED BY THE APPLICANT

4. IS THE APPLICANT THE OWNER AND/OR SOLE PROPRIETOR OF THE BUSINESS? **YES** **NO**

5. NAME AND ADDRESS OF PARTNERS (IF APPLICABLE), CONTINUE ON SEPARATE SHEET IF NECESSARY

(a) _____ (b) _____

(c) _____ (d) _____

6. ADDRESS OF REGISTERED OFFICE & NAME, ADDRESS AND POSITION OF COMPANY OFFICERS (IF APPLICABLE), CONTINUE ON A SEPARATE SHEET IF NECESSARY

(a) _____ (b) _____

(c) _____ (d) _____

7. IF THE APPLICANT'S BUSINESS IS REGISTERED OUTSIDE THE STATE, PLEASE PROVIDE AN ADDRESS FOR A PRINCIPAL PLACE OF BUSINESS WITHIN THE STATE BELOW – CRO NUMBER AND SIGNED LETTER OF PERMISSION FROM BUSINESS MUST BE PROVIDED

8. PLEASE TICK THE WASTE TYPES BEING SHIPPED

AMBER LIST WASTE **GREEN LIST WASTE** **BOTH**

9. HAS THE APPLICANT OR ANY OTHER RELEVANT PERSON BEEN CONVICTED OF ANY OFFENCE PRESCRIBED IN THE WASTE MANAGEMENT ACT 1996 (AS AMENDED) WITHIN THE PERIOD OF 10 YEARS PRIOR TO THIS APPLICATION?ⁱⁱ
YES **NO**

If YES, PLEASE GIVE DETAILSⁱⁱⁱ ON SEPARATE SHEET

STATUTORY DECLARATION

I DECLARE THAT THE INFORMATION GIVEN IN THE APPLICATION BY _____ FOR THE PURPOSE OF OBTAINING A CERTIFICATE OF REGISTRATION IS CORRECT, AND THAT NO INFORMATION, WHICH IS REQUIRED TO BE INCLUDED IN THE SAID APPLICATION, HAS BEEN OMITTED.

I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE AND BY VIRTUE OF THE STATUTORY DECLARATIONS ACT, 1938.

I AUTHORISE THE NATIONAL TFS OFFICE TO MAKE ANY ENQUIRIES FROM OFFICIAL SOURCES AS IT MAY CONSIDER NECESSARY FOR THE PURPOSE OF DETERMINING THIS APPLICATION AND, PURSUANT TO SECTION 8 OF THE DATA PROTECTION ACT, 1988, I CONSENT TO THE DISCLOSURE OF DETAILS OF CONVICTIONS FOR RELEVANT OFFENCES UNDER SCHEDULE 2 OF THE WASTE MANAGEMENT (REGISTRATION OF BROKERS AND DEALERS) REGULATIONS 2008.

SIGNATURE(S):	_____	_____	_____
PRINT NAME(S):	_____	_____	_____
DATE:	_____	_____	_____
POSITION(S) IN ORGANISATION:	_____	_____	_____
ON BEHALF OF (NAME OF ORGANISATION):	_____	_____	_____

**DECLARED BEFORE ME AT _____ THIS
_____ (DAY) OF _____ (MONTH)
_____ (YEAR).

** TO BE COMPLETED BY A SOLICITOR/COMMISSIONER OF OATHS /NOTARY PUBLIC/PEACE COMMISSIONER/GARDA SÍOCHÁNA.

SIGNATURE OF WITNESS

OCCUPATION

DATE

STAMP OF WITNESS:

THIS FORM, ALONG WITH THE APPLICATION FORM MUST BE SUBMITTED TO THE NATIONAL TFS OFFICE, BROKERS AND DEALERS REGISTRATION, FLOOR 2, BLOCK B, BLACKHALL WALK, SMITHFIELD, DUBLIN 7, D07 ENC4.

WARNING: ANY PERSON WHO GIVES FALSE OR MISLEADING INFORMATION FOR THE PURPOSE OF OBTAINING A CERTIFICATE OF REGISTRATION RENDERS THEMSELVES LIABLE TO SEVERE PENALTIES.

NOTES:

- i. TRADE NAME SHOULD BE STATED AS IT APPEARS ON INVOICES ISSUED FROM AND/OR SIGNAGE AT THE PREMISES TO WHICH THE APPLICATION APPLIES. ALL TRADE NAMES USED OR PROPOSED TO BE USED BY THE BROKER OR DEALER MUST BE SPECIFIED.

- ii. THE INFORMATION TO BE PROVIDED SHALL, IN A CASE WHERE THE BROKER OR DEALER IS A BODY CORPORATE, INCLUDE SUCH INFORMATION IN RELATION TO THE APPLICANT AND TO:
 - EACH DIRECTOR, MANAGER, COMPANY SECRETARY OR OTHER SIMILAR OFFICER OF THAT BODY CORPORATE AND,
 - EACH BODY CORPORATE IN RELATION TO WHICH A DIRECTOR, MANAGER, COMPANY SECRETARY OR OTHER SIMILAR OFFICER OF THE APPLICANT BODY CORPORATE IS, OR WAS AT ANY TIME DURING THE PERIOD OF 10 YEARS PRIOR TO THE MAKING OF THE APPLICATION, A DIRECTOR, MANAGER, COMPANY SECRETARY OR OTHER SIMILAR OFFICER.

- iii. INFORMATION IN RELATION TO ANY OFFENCE SHALL INCLUDE DETAILS IN RELATION TO THE COURT HEARING THE CASE, THE NATURE OF THE OFFENCE AND ANY PENALTY OR REQUIREMENT IMPOSED BY THE COURT.

- iv. ALL OVERDUE ACCOUNTS MUST BE SETTLED IN FULL.

- v. ALL OUTSTANDING GREEN LIST WASTE SHIPMENT (GLW) QUARTERLY REPORTS MUST BE SUBMITTED BEFORE ANY APPLICATION MAY BE PROCESSED.