

**Form B : HW Treatment Storage and Disposal (TSD) Facility Registration Form**

**Section B1: Company Profile**

Type of Application: New Registration Renewal Amendment

Payment O.R. No.: \_\_\_\_\_ TSD ID: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Region: \_\_\_\_\_ Province Code: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Managing Head: \_\_\_\_\_

Pollution Control Officer (PCO): \_\_\_\_\_

PCO Tel.: \_\_\_\_\_ PCO E-mail: \_\_\_\_\_

PCO Accreditation No.: \_\_\_\_\_ Date of Accreditation: \_\_\_\_\_

Date of Establishment: \_\_\_\_\_ SEC/DTI Registration No.: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

ECC Number: \_\_\_\_\_

Permit to Operate Number: \_\_\_\_\_ Valid until: \_\_\_\_\_

Discharge Permit Number: \_\_\_\_\_ Valid until: \_\_\_\_\_

**Section B2: TSD Profile**

TSD Category	Treatment Method	Treatment Description	Treatment Capacity	Residual Waste Management

HW Treated: \_\_\_\_\_

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HW Treated: \_\_\_\_\_

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HW Treated: \_\_\_\_\_

I certify that enclosed information is a true and accurate record as available.

**Name of Preparer:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_