**FORM-4**

*[See rules 13(3)(i) and 13(3)(vi)]*

**APPLICATION FORM FOR AUTHORISATION OF FACILITIES POSSESSING ENVIRONMENTALLY SOUND MANAGEMENT PRACTICE FOR DISMANTLING OR RECYCLING OF E-WASTE**

*(To be submitted in triplicate)*

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| --- | --- | --- |
| 1 | Name and Address of the unit |  |
| 2 | Contact person with designation, Tel./Fax |  |
| 3 | Date of Commissioning |  |
| 4 | No.of workers (including contract labour) |  |
| 5 | Consents Validity | a. Water (Prevention and Control of Pollution) Act, 1974; Valid up to \_\_\_\_\_\_\_\_\_\_\_\_b. Air (Prevention and Control ofPollution) Act, 1981;Valid up to\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6 | Validity of current authorisation if any | e-waste (Management & Handling) Rules, 2011;Valid up to \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7 | Dismantling or Recycling Process | Please attach complete details |
| 8 | Installed capacity in MT/year | Products | Installed capacity(MTA) |
| 9 | E-waste processed during last three years | Year | Product | Quantity |
| 10 | Waste Management: |  |  |  |
| a | Waste generation in processing e-waste | Please provide details material wise |
| b | Provide details of disposal of residue. | Please provide details |
| c | Name of Treatment Storage and Disposal Facility utilized for |  |
| 11 | Details of e-waste proposed to be procured from re-processing | Please provide details |
| 12 | Occupational safety and health aspects | Please provide details |
| 13 | Details of Facilities for dismantling both manual as well as mechanised: |  |
| 14 | Copy of agreement with Collection Centre |  |
| 15 | Copy agreement with Producer |  |
| 16 | Details of storage for dismantled e-waste |  |
| 17 | Copy of agreement with Recycler |  |
| 18 | Details of Facilities for Recycling |  |
| 19 | Copy of agreement with Collection Centre |  |
| 20 | Copy agreement with Producer |  |
| 21 | Details of storage for raw materials andrecovered materials |  |

II. In case of renewal of **authorisation, previous registration or authorisation no. and date**

I hereby declare that the above statements or information are true and correct to the best of my knowledge and belief.

Signature

Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_