**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)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 of  Pollution) 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 and  recovered 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_