

**SCHEDULE 5**

**FORM 1 ( S. 43)**

**Registration Form**

THIS FORM IS A REGISTRATION REPORT MADE UNDER SECTION 43 (1) OR (3) 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

Registration No. / Provincial ID  Dated

OR

Registered Site (RS) No.  Dated

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

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Instructions

- (1) A person required to register under section 43 (1) or to give notice under section 43 (3) 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. Complete part B for facilities that generate hazardous waste. Complete part C 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.

Definition:

- 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.
  - Produced/30-day period: Estimate of amount produced.
  - Storage/Capacity: Maximum storage or capacity of the facility (under the regulation for each type of 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.
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**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:  Prov:  Postal Code:

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

Name:

Telephone:  Fax:

Email:

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

Street Address:

City:  Prov:  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                |            | Unit ( L kg ) | Handling Code |
|----------------|----------------------|----------|-----------|-------------------------|------------|---------------|---------------|
|                | Name of Waste        | TDG UN # | TDG Class | Produced/ 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 household hazardous wastes)

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

Store  Treat  Recycle  Dispose

(3) Complete the following table:

| Physical State | Waste Identification |          |           | Quantity         | Unit ( L kg ) | Handling Code |
|----------------|----------------------|----------|-----------|------------------|---------------|---------------|
|                | Name of Waste        | TDG UN # | TDG Class | Storage Capacity |               |               |
| 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

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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 IF APPLICABLE

TELEPHONE NUMBER

FAX NUMBER

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SIGNATURE

DATE (DD/MM/YY)

GENERATOR/MANAGEMENT FACILITY AUTHORIZATION OF AGENT ARRANGEMENT:

PRINT NAME

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SIGNATURE

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FOR MINISTRY USE ONLY:

DATE: ..... INITIALS: .....

Registration No. / Provincial ID No. ....

Registered Site (RS) #.....

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