

○○○County (City) Government Waste Clearance Permit

○○○○○Tzu No.○○○○

○○○○○Company hereby

applies for Waste Clearance Permit. Through review, they are consistent with the provisions of the Permit Management Regulations for Public or Private Waste Clearance and Disposal Organizations, this certificate is granted. Licensing items are as follows:

Organization :  
Name

Facility ID

Organization :  
Address

Name of Person : ID No:  
in Charge

Address of :  
Person in Charge

Grade of :  
Clearance

Permitted Items : General Waste General Industrial Waste Hazardous  
Industrial Waste

Validity Period: From to

Grade of :  
Clearance  
Technician

Types and quantity of and clearance vehicles for the permitted clearance of waste (Please refer to Table, a total of pages)

- Other Matters : 1. Inventory of Clearance Related Tools (Please refer to Appendix 1, a total of pages)  
2. Emergency Response Mode (Please refer to Appendix 2, a total of pages)  
3. Storage Sites or Transfer Stations (Please refer to Appendix 3, a total of pages)  
4. Other

County (City) Mayor ○ ○ ○

Date:○○○○○○○○(YYYY/MM/DD)

Table: Types and quantity of and clearance vehicles for the permitted clearance of waste

Item	Type and Code of Waste	Approved Maximum Amount (Metric Tons/Month)	Clearance Vehicle





Appendix 3: We have don't have (not required to fill in the following information) Storage Sites or Transfer Stations

I. Location:

II. Storage or Transportation Facility:

Item	Situation of Facility Establishment
Entrance, Control Room, Fence, Weighbridge	<input type="checkbox"/> Possess all <input type="checkbox"/> Does not possess all: ((Describe the items not included _____))
Storage Area	<input type="checkbox"/> Open Storage Area, Area _____, Stack Height _____ <input type="checkbox"/> Scaffolding Storage Area, Area _____, Stack Height _____ <input type="checkbox"/> Container Storage Area, Size _____, Quantity _____
Machinery and Equipment	<input type="checkbox"/> Stacker, <input type="checkbox"/> Shovel Loader, <input type="checkbox"/> Crane, <input type="checkbox"/> Power Compression Equipment
Other (Please specify)	

III. Description of Storage or Transportation Operations

IV. Description of Intercepting Drainage Facility and other Pollution Control Facilities:

V. Layout of Site Area