

○○○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  
in Charge :

ID No:

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 1: Inventory of Clearance Related Tools (Does not include clearance vehicles. Those that clear hazardous industrial waste shall list out the emergency response equipments)

[illegible]

Appendix 2: Emergency Response Mode (Includes the emergency response instructions when the vehicle breaks down during clearance and transportation process or leakage occurs during transportation of hazardous industrial waste)

[illegible]

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