

Form: EMA/WDR 8 BATTERIES HANDLING RETURN (Reg. 24)



[Note: A facility that imports or manufactures lead acid batteries must send returns to the Department of Environment of all imports and manufacture of batteries.

A facility that distributes batteries or sells batteries wholesale must send returns to the Department of Environment of all sales, buy-backs and disposal of batteries.

A bulk consumer of batteries must send returns to the Department of Environment of the distribution, return and disposal of batteries.

Returns must be in writing and sent every 6 months from the issue of the permit.

Returns must relate to each site or premises occupied by the facility.

Failure to send a return by the due date is an offence under section 44 of the Act and can lead to suspension of the permit.]

Permit No.		
	ered by return emmencing [date of issue of the permit, or date of last return]	
Particulars Name	of the facility	
Address		
Tel no.		
Nature of pre	remises	
Particulars Name	of authorized person	
Position (if f	firm or body corporate)	
Address		
Telephone: -	Facsimile:	
Mobile:	E-mail:	

Particulars of im	ports/manufactures		
Category	No of batteries	Approx. weight in tonnes	Source
(a) Automotive			
(b) Industrial			
(c) Other (specify)			
Particulars of sale	es/distribution of ba	atteries	
Category	No of batteries	Approx. weight in tonnes	Destination
(a) Automotive			
(b) Industrial			
(c) Other (specify)			
Particulars of col Category	lection/buy back of	batteries Approx. weight in tonnes Collec	ted/bought back
(a) Automotive	140 of batteries	Approx. weight in tolines Conce	ted/bought back
(a) Automotive			
(b) Industrial			
(c) Other (specify)			
	posal/recycling of b		- 1/D1 - 1
Category	No of batteries	Approx. weight in tonnes Dispose	ed/Recycled
(a) Automotive			
(b) Industrial			
(c) Other (specify)			
Specify the design Name	ated waste collection	n centre or permitted recycling fac	ility:
Address			
_			
Send this return in Waste & Pollution c/- Department of P.O. Box 2109, Government Build	Control Administra Environment,	tor	
Suva	<i>-</i>		

Decial auton
As owner/authorised person of the facility described above I certify that the particulars set out
above are true to the best of my knowledge and belief.
Signature of owner/authorized person

Declaration

Date _____