



CASH CUSTOMER:	
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VENM NO.	
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APPLICATION FOR THE DISPOSAL OF VENM AT ACT RECYCLING PTY LTD (Block 2114 Jerrabomberra)

Please Note: This application will not be processed unless all the required information is provided.

SECTION A: LESSEE OR AUTHORISED AGENT

Name of Organisation:		
ACN / ABN No.:		
Postal Address of Organisation:		
Contact Person's Name:		
Contact No. (Business Hours):		Fax No.: _____

SECTION B: ORIGIN OF MATERIAL

Block:		Section:	
Street Address:			
Suburb / District:			
Previous Land Use Activities:			

Virgin Excavated Natural Material (VENM): means "Virgin excavated material (i.e. clay, gravel, sand, soil and rock) that is not mixed with any other waste and that:

- (a) has been excavated from areas that are not contaminated, as a result of industrial, commercial, mining or agricultural activities, with manufactured chemicals, and that does not contain sulfidic ores or soils; or
- (b) consists of excavated natural materials that may be approved by the Environmental Protection Authority.

Applicable Rate: \$24.75 (incl. GST) per tonne

SECTION C: QUANTITY OF MATERIAL

Estimated quantity of material:		m ³
Proposed Commencement Date:		
Proposed Completion Date:		

SECTION D: TRANSPORTERS DETAILS

Company Name:		
Contact Person's Name:		
Contact Number:		
Postal Address:		
Rego No. of Vehicles to be used:		
Note: Nominated vehicles will not be able to access the facility under this arrangement prior to commencement date or after the completion date specified above.		
Carrying Capacity of Vehicles:		

Terms and Conditions

1. Only companies/firms/individuals with a requirement to dispose of VENM (as approved by the Environmental Protection Authority) must apply.
2. Only soil that meets the classification as detailed above will be accepted under this arrangement.
3. Applicant must ensure that its Transporter's vehicles present at the weighbridge prior to unloading (tare in) and re-present after unloading (tare out).
4. Transporter's drivers must comply with all reasonable directions provided by ACT Recycling Pty Ltd staff. Failure to comply may result in cancellation of the Application approval.
5. Cancellation of the Application approval shall be at the sole discretion of ACT Recycling Pty Ltd.
6. The only acceptable form of payment is cash, credit card or by account.
7. Applicants wishing to establish an account with ACT Recycling Pty Ltd need to complete and account application form and should allow a minimum of 24-hours for the application to be considered.
8. A minimum of 24 hours notice is required in order to process the Application for the Disposal of VENM form.
9. Upon completion, the form along with the EPA VENM Clearance must be faxed to ACT Recycling at (02) 6239 6342 or presented in person at Mugga Lane RMC Symonston ACT or email to admin@actrecycling.com.au for processing.
10. Customers may not access the facility until they have received a signed copy of this form marked "Approved" by ACT Recycling Pty Ltd.
11. _____ (name of company) indemnifies the Territory, its employees, agents and ACT Recycling Pty Ltd its employees and agents against any liability in respect to the removal, clean-up and remediation cost in the event that the material delivered under this agreement is subsequently identified after disposal as being unacceptable.
12. _____ (name of company) acknowledge and agrees that in the event the material delivered is assessed as unacceptable and is not removed within five (5) working days that ACT Recycling Pty Ltd may arrange for the removal of the material with all costs to be borne by the Applicant.

As the duly authorised agent to _____ (name of company), I certify the above information to be true and correct, and that the material is **Virgin Excavated Natural Material (VENM)** as defined in Table 1 of the "ACT's Environmental Standards: Assessment and Classification of Liquid and Non-liquid Wastes (June 2000)" and accept without reservation the terms and conditions as described.

Name:	_____	Position:	_____
Signature:	_____	Date:	_____

SECTION E: OFFICE USE ONLY

Application No.:	_____	Date Application Received:	_____
The Application is:		<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Approvers Name:	_____		
Approvers Signature:	_____	Date:	_____
Date Details Entered into Weighbridge:	_____		
Existing Customer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	