



Republic of the Philippines  
**Philippine Economic Zone Authority**  
**Application Form for Accreditation as Residual Waste Hauler**

ESG.1.F.001  
Revision No.: 12  
Effectivity Date: 17 June 2022

**WASTE COLLECTOR INFORMATION**

Company Name : \_\_\_\_\_

Facility Address : \_\_\_\_\_

Company Head / Owner: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Contact Person : \_\_\_\_\_ Designation: \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_

Mobile No. : \_\_\_\_\_ email Address: \_\_\_\_\_

Please provide the following documentary requirements:

Business/ Mayor's Permit  
Permit #: \_\_\_\_\_ Validity: \_\_\_\_\_

Notarized Agreement to Dump

ECC of SLF / DOST Validation Report for ATF

Geotagged photos showing compliance to MRF and vehicle requirements

Solid Waste Management & Transport Training Certificate

Location Map

Anti-Graft Certificate

Specimen Signature

**WASTE TRANSPORT VEHICLES**

Please specify the following information for each vehicle to be used: (Use other sheet and follow the same format if necessary)

PLATE NO.	MAKE	SERIES / BODY TYPE	COLOR (ACTUAL)	VOLUME CAPACITY	Please provide the following documents for each specified vehicle:			
					Photos	OR	CR	Deed of Sale or Lease Contract (if applicable)
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WASTE DISPOSAL OR TREATMENT FACILITIES**

Please check the appropriate facility and provide the necessary documents :

FACILITY	DOCUMENTARY REQUIREMENTS
<input type="checkbox"/> SANITARY LANDFILL: _____	<input type="checkbox"/> Environmental Compliance Certificate (ECC) ECC # : _____
<input type="checkbox"/> MATERIALS RECOVERY FACILITY: _____	<input type="checkbox"/> Environmental Compliance Certificate (ECC)/Certificate of Non-Coverage (CNC) ECC/CNC # : _____
<input type="checkbox"/> ALTERNATIVE TECHNOLOGY FACILITY: _____	<input type="checkbox"/> DOST-ITDI Validity/Verification Report Date Issued : _____  <input type="checkbox"/> Environmental Compliance Certificate (ECC)/Certificate of Non-Coverage (CNC) ECC/CNC # : _____

**CERTIFICATION**

I hereby certify that the above information is true and correct, and that we understand and agree with all the rules and regulations being implemented by PEZA, and failure to comply with such may lead to forfeiture or non-acceptance of my application.  
(Pinapatunayan ko na lahat ng impormasyong aking nailahad ay totoo at tama. Lubos kong naiintindihan at ako'y sumasang-ayon sa mga alituntunin na pinaiiiral ng PEZA. Nauunawaan ko din na hindi tatanggapin ang aking aplikasyon kapag kulang ang requirements na aking sinumite.)

Signature Over Printed Name of the Owner/General Manager \_\_\_\_\_ Date \_\_\_\_\_

Please do not write below this line (For PEZA use only)

Remarks:  
 Complete  
 Incomplete

\_\_\_\_\_  
ESG/EHSD Personnel

e-order of payment #	Official Receipt No.	Date of Payment	Amount Paid
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