



SUBIC BAY METROPOLITAN AUTHORITY ECOLOGY CENTER

Regulatory Bldg., Labitan St. cor. Rizal Highway, Subic Bay Freeport Zone, Philippines 2222
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General Quality Form
ECD-RPD-01
Revision No.: 06
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APPLICATION FOR ENVIRONMENTAL CLEARANCE FOR ACCREDITATION:

I. GENERAL INFORMATION: (To be filled out by the Applicant)

Date of Application: _____
 Name of Company or Person: _____
 Nature of Business/Accreditation Applied for: _____
 Company Address: _____
 Contact Person: _____ Designation: _____ Tel./Fax. No. _____
 Target Client/s: _____

New Application (attach Company Profile or Personal Data Sheet)
 Renewal (attach copy of latest Certificate of Accreditation)

II. INFORMATION ON BUSINESS ACTIVITY: (To be filled out by the Applicant)

APPLICANT TO DETERMINE WHICH OF THE FOLLOWING APPLIES TO HIS/HER PARTICULAR TYPE OF ACTIVITY OR BUSINESS	DATA REQUIREMENT (Applicant to provide all pertinent details related to the activity or operations) (PLS. USE ADDITIONAL SHEET, IF NECESSARY)		(This portion to be filled out by Ecology Center) EVALUATOR'S REMARKS/NOTES Evaluated by: _____ Date Evaluated: _____
A. For all applicants (Suppliers, Service Contractors, etc.)	With vehicles or trucks, etc. to be used during operations inside the Subic Freeport? <input type="checkbox"/> YES <input type="checkbox"/> NONE. No service vehicle. Attach copy of current "PASSED" emission test result per vehicle. For Companies with numerous vehicles to use, attach List of Vehicles with corresponding emission test results	(If w/ vehicles/trucks, specify make & plate no, example, <u>Isuzu Fuego Plate No. 0794</u> . If no service vehicle, indicate as Not Applicable or N.A.) back	For those with vehicles to use inside SBF, copy of "PASSED" emission test results attached? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A. For list of vehicles attached, w/ corresponding "PASSED" emission test results) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A.
B. For those engaged in the construction business inside the Subic Freeport	Will use generator sets or other smoke-emitting device/equipment/machine during operations? <input type="checkbox"/> YES <input type="checkbox"/> NO Will provide manpower during construction? <input type="checkbox"/> YES <input type="checkbox"/> NO	(Specify genset capacity, make/model number, quantity, other pertinent details, etc.) (Specify possible sources of pollution and how addressed by the Company. Example, for those w/ personnel onsite: domestic sewage- portalets are used; solid waste-segregation is practiced and trash cans are provided)	Informed on need to secure PTO for APSI if equipment will be used for 1-year or more? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A. Informed on need to secure Environmental Clearance prior to start of any pollution-generating activity <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A. If relevant, informed on SBMA's marine-related guidelines or policies <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A.
B. For those engaged in seaport-related operations inside the Subic Freeport	Will provide services to marine vessels? <input type="checkbox"/> YES <input type="checkbox"/> NO	(Specify type of services provided to vessel, including possible sources of pollution and how addressed by the Company. Example, for ship's stevedoring services w/ personnel onsite, <u>domestic sewage</u> , portalets are used; for <u>oil- or paint-contaminated containers or raags</u> , disposal thru hazwaste transporter, etc.)	For renewal, ok w/ HW dBase and Sewage dBase, COT req't, complied? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A. Informed on SBMA's Tipping Permit System for garbage disposal, & the SBMA Waste Mgt. Guidelines, R.A. 6969, e-waste, BFLs, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A.
D. For scrap hauling (SH) and other solid waste – related operations	Will also engage in the hauling of garbage (solid waste) outside the Subic Freeport? <input type="checkbox"/> YES <input type="checkbox"/> NO	(Specify scrap materials/recyclables to be hauled) Note: Electronic wastes and busted fluorescent lamps (BFLs) are classified as hazardous waste under Republic Act No. 6969)	For renewal, ok w/ HW dBase and Sewage dBase, COT req't, complied? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A. Informed on SBMA's Tipping Permit System for garbage disposal, & the SBMA Waste Mgt. Guidelines, R.A. 6969, e-waste, BFLs, etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A.
E. For hazardous waste-related operations and sewage disposal activities	The following permits are required as attachments: For HW transporter: Transporter Registration Certificate (TRC). For HW treater: TSD Registration Certificate, ECC for the hazwaste treatment facility.	(Specify type of hazwaste allowed by DENR to handle and name of hazwaste (TSD) facility utilized for treatment or disposal)	Copy of all required DENR Permits attached and informed on use of PTT, HWTR, SBFZPTT-ESS, & timely COT submission? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A. For renewal, ok w/ HW dBase and Sewage dBase, COT req't, complied? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A.
For those engaged in the oil/petroleum/chemical-hauling/handling business within the Subic Freeport	A copy of the Company's Oil/Petroleum/Chemical Spill Contingency Plan is <u>always</u> required as attachment.	(Specify type of oil or chemical or petroleum products handled and what specific permits were issued by other government agencies. Example, for the petroleum products ethanol, permit from Dept. of Energy attached, etc.)	Is the Company's Oil Spill Contingency Plan Sufficient in data? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A. Implementable? (w/ 117 Emergency Assistance No.?) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A.

Applicant's Printed Name & Signature: _____ Date: _____

EVALUATOR'S RECOMMENDATION: Grant Clearance Deny Clearance Remarks: _____ Date: _____

Result of Evaluation Noted by (Pls. print name and sign): _____ Date: _____

CONFORME: _____ DESIGNATION: _____

(Printed Name & Signature of Authorized Representative) Date: _____

O.R. # _____ Amount Paid: _____ Processed by: _____