



# 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-24

Revision No.: 02

Effectivity Date: 9/16/19

## APPLICATION FOR SBFZ PERMIT TO TRANSPORT EFFLUENT, SEWAGE AND/OR SEPTAGE (SBFZPTT- ESS)

(This portion to be filled up by the Applicant) (Please complete all required info)

- Requested by (name of person): \_\_\_\_\_ Contact No. \_\_\_\_\_
- Waste Transporter's Name: \_\_\_\_\_
- Waste Transporter's Address: \_\_\_\_\_ Contact No. \_\_\_\_\_
- Waste Generator's Name (specify origin/Source of ESS) \_\_\_\_\_
- Waste Generator's Address: \_\_\_\_\_ Contact No. \_\_\_\_\_

**IF COLLECTED FROM VESSEL (specify Name of Vessel):** \_\_\_\_\_

- Docking Area: \_\_\_\_\_ Date of Docking: \_\_\_\_\_
- Name of Ship's Agent: \_\_\_\_\_ Contact No. \_\_\_\_\_

TYPE OF ESS BEING TRANSPORTED	APPROX.VOLUME (IN LITERS/DAY)	CONTAINER USED	MAKE/MODEL/PLATE NO. OF CONVEYANCE USED
<input type="checkbox"/> Effluent		<input type="checkbox"/> Tanker <input type="checkbox"/> Drum <input type="checkbox"/> Others (specify) _____	
<input type="checkbox"/> Sewage		<input type="checkbox"/> Tanker <input type="checkbox"/> Drum <input type="checkbox"/> Others (specify) _____	
<input type="checkbox"/> Septage		<input type="checkbox"/> Tanker <input type="checkbox"/> Drum <input type="checkbox"/> Others (specify) _____	
<input type="checkbox"/> Others (specify) _____		<input type="checkbox"/> Tanker <input type="checkbox"/> Drum <input type="checkbox"/> Others (specify) _____	

- Permit/s Presented by Waste Transporter: Contact Person \_\_\_\_\_ Contact No. \_\_\_\_\_
  - Business Permit to Operate (BPTO) No. \_\_\_\_\_ Valid until: \_\_\_\_\_
  - SBMA Accreditation No. (as Sewage Transporter) \_\_\_\_\_ Valid until: \_\_\_\_\_
  - DENR Transporter Registration Certificate (TRC) No. \_\_\_\_\_ Valid until: \_\_\_\_\_
- Name of Waste Treatment Facility: \_\_\_\_\_
- Waste Treatment Facility Address/Location: \_\_\_\_\_ Contact No. \_\_\_\_\_
- Waste Treatment Facility Contact Person \_\_\_\_\_ Contact No. \_\_\_\_\_
  - Environmental Compliance Certificate No. \_\_\_\_\_ Valid until: \_\_\_\_\_
  - DENR TSD Registration Certificate No. \_\_\_\_\_ Valid until: \_\_\_\_\_

**NOTE: Pls. attach copy of HW transporter's permits**

Applicant's/Authorized Representative  
(Signature over Printed Name)

Request received by: \_\_\_\_\_ Date/Time Applied: \_\_\_\_\_  
(Signature over Printed Name)

(This portion to be filled out by Ecology Center's RPD personnel)

### EVALUATION ON APPLICATION

- EVALUATION RESULT/S: EVALUATED BY: \_\_\_\_\_ Date/Time Evaluated: \_\_\_\_\_
- FINDINGS/COMMENTS/RECOMMENDATIONS (IF ANY): \_\_\_\_\_
- RECOMMENDATION:  PERMIT GRANTED  PERMIT DENIED (REASON FOR DENIAL): \_\_\_\_\_
- OTHER INSTRUCTIONS (state name of person giving instruction, if any) \_\_\_\_\_ Date/Time Given: \_\_\_\_\_