



6. Sources of the hazardous waste  
 .....
7. Method of collection (e.g. loading, pumping, etc):  
 .....
8. Final destination of the hazardous waste: .....
9. Area of operation:.....
10. Routes to be used:.....
11. Time of transportation: .....
12. Type of labelling on containers and vehicles:  
 .....  
 .....
13. Type of insurance cover (attach proof):  
 .....
14. Details related to security in transit:  
 .....
15. Other relevant information to support the application:  
 .....
16. Name : ..... Designation:.....  
 Signature: ..... Date.....
- 

For Official Use only

Comments.....  
 .....

Date: ..... Signature:..... Chief  
 Inspector ( Pollution Control )