# Application Form for Authorisation of Facilities Possessing Environmentally Sound Management Practice for Dismantling or Recycling of E-Waste

(To be submitted in triplicate)

1. Name and Address of the unit

2. Contact person with designation, Tel./Fax

3. Date of Commissioning

4. No. of workers (including contract labour)

5. Consents Validity
   
   a. Water (Prevention and Control of Pollution) Act, 1974; Valid up to ____________
   
   b. Air (Prevention and Control of Pollution) Act, 1981; Valid up to ____________

6. Validity of current authorisation if any
   
   e-waste (Management & Handling) Rules, 2011; Valid up to ____________

7. Dismantling or Recycling Process
   
   Please attach complete details

8. Installed capacity in MT/year
   
   Products | Installed capacity (MTA)
   
   | | |

9. E-waste processed during last three years

   | Year | Product | Quantity |
   | | | |

10. Waste Management:

   a. Waste generation in processing e-waste
      
      Please provide details material wise

   b. Provide details of disposal of residue.
      
      Please provide details

   c. Name of Treatment Storage and Disposal Facility utilized for

11. Details of e-waste proposed to be procured from re-processing

   Please provide details

12. Occupational safety and health aspects

   Please provide details

13. Details of Facilities for dismantling both manual as well as mechanised:

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<thead>
<tr>
<th>No.</th>
<th>Details</th>
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<tbody>
<tr>
<td>14.</td>
<td>Copy of agreement with Collection Centre</td>
</tr>
<tr>
<td>15.</td>
<td>Copy agreement with Producer</td>
</tr>
<tr>
<td>16.</td>
<td>Details of storage for dismantled e-waste</td>
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<td>17.</td>
<td>Copy of agreement with Recycler</td>
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<tr>
<td>18.</td>
<td>Details of Facilities for Recycling</td>
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<td>19.</td>
<td>Copy of agreement with Collection Centre</td>
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<tr>
<td>20.</td>
<td>Copy agreement with Producer</td>
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<tr>
<td>21.</td>
<td>Details of storage for raw materials and recovered materials</td>
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</tbody>
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II. In case of renewal of **authorisation, previous registration or authorisation no. and date**
I hereby declare that the above statements or information are true and correct to the best of my knowledge and belief.

Signature

Place:______________ Name:________________________

Date:______________ Designation:________________________