

**ARMIDALE WASTE MANAGEMENT FACILITY
ASBESTOS DISPOSAL BOOKING FORM**

DATE: ___/___/___

NAME OF THE PERSON RESPONSIBLE FOR THE TRANSPORTATION AND DISPOSAL OF THE ASBESTOS			
ORIGIN OF ASBESTOS WASTE (ADDRESS)		_____ _____	
VEHICLE REGISTRATION		REQUESTED DATE OF DISPOSAL	___/___/___
ESTIMATED VOLUME (Cubic metres)		ESTIMATED NUMBER OF LOADS	
Terms and conditions of Asbestos disposal at Armidale Waste Management Facility.			
<p>I the undersigned, will lawfully dispose of my asbestos material in accordance with the NSW Protection of the Environment Operations (Waste) Regulation 2014.</p> <p>Photo ID (drivers licence) will be provided when entering the Armidale Waste Management Facility.</p> <p>Whilst on site I will fully comply with the Armidale Waste Management Facility site operational and safety rules and I will follow any lawful instructions from staff.</p> <p>I am aware that the site Manager or their delegate at their total discretion may reject suspected unsafe loads.</p>			
Signed: _____			