



**environment
& tourism**

Department:
Environmental Affairs and Tourism
REPUBLIC OF SOUTH AFRICA

**WASTE TYRE REGULATION, 2009
(Reg No. 31901) TYRE PRODUCER
REGISTRATION APPLICATION**

Introduction

- ✍ This application is required in terms of Regulation 6 of the Waste Tyre Regulation, 2009. In terms of the Regulation “**tyre producer**” means any person or institution engaged in the commercial manufacture or import of tyres and retreadable casings, and the import of vehicles fitted with tyres for distribution in South Africa.
- ✍ Incomplete applications may be returned to the applicant for revision
- ✍ Completed forms must be either posted to Director: Waste Stream Management, Private Bag X447 Pretoria 0001 or scanned and e-mailed to TMohapi@deat.gov.za or faxed to 012 320 0024.

1. APPLICANT DETAILS

| | | | | |
|--------------------------|------|--|-------|--|
| Name of company | | | | |
| Company Registration No. | | | | |
| Importer Code No: | | | | |
| Registered Address: | | | | |
| | | | | |
| | | | | |
| | Code | | | |
| Physical Address: | | | | |
| | | | | |
| | | | | |
| | Code | | | |
| Postal Address: | | | | |
| | | | | |
| | | | | |
| | Code | | | |
| Province | | | | |
| Municipality | | | | |
| Contact Person | | | | |
| Contact Details | Tel | | Cell | |
| | Fax | | email | |

2. ADDRESS DETAILS FOR HEAD OFFICE IF APPLYING ON BEHALF OF A GROUP

| | | | |
|------------------|--|--|--|
| Physical Address | | | |
| | | | |
| | | | |

| | | | |
|--|--|-------|--|
| | | Code | |
| Person responsible for environmental matters | | | |
| Telephone: | | Cell: | |
| Email: | | Fax: | |

3. CLASS OF TYRE PRODUCER IN TERMS OF WASTE TYRE REGULATION, 2009 (tick the appropriate box applicable to this application)

| Tyre | | Vehicles & Implements | |
|--------------|-----------|-----------------------|-------|
| Manufacturer | | Assembler | |
| Importer | New | Importer | CBU |
| | Used | | CKD |
| | Retreaded | | Other |

4. Integrated Industry Waste Tyre Management Plan (IIWTMP) as contemplated in Regulation 6(3) of Waste Tyre Regulations, 2009

| | | | | |
|---|-----|------|----|--|
| Are you planning to submit your own IIWTMP | Yes | | No | |
| If answer above is no, which plan are you subscribing to? | | | | |
| Name of person responsible for IIWTMP in your company | | | | |
| Capacity in the company | | | | |
| Telephone | | Cell | | |
| Email: | | Fax: | | |

5. DECLARATION

I, _____ declare that I have read the completed registration form and hereby confirm that the information provided is to the best of my knowledge true and correct.

Applicant's signature _____ Date: _____

6. FOR OFFICE USE ONLY

Date Received:

Registration Number: