



**Registration Form for the Code of Practice for the Slaughter and Poultry Processing Industries**

Please submit this **completed** registration form **and annual fee** to the Ministry of Environment by fax, **registered** mail or courier to the above number or address. Additional information as per Section 4(2) of the Waste Discharge Regulation may be required by the director before the registration is effective.

**Report Type - Indicate one choice (a, b or c)**

**To update information from a previous registration** a person must re-submit a registration form with all information within 30 days of the changes to the previous registration information. See (b) below.

**To cancel a registration** a person must notify a director in writing within 30 days of ceasing operations. See (c) below.

**To cancel an existing authorization** (e.g., permit), please contact MOE Regional Office

(a)	<input type="checkbox"/> Initial registration		
	Please list any other authorizations (e.g., permit, approval, etc.) that you currently hold for discharges at this facility.		
	Authorization Number	Authorizing Ministry	Description (what for)
(b)	<input type="checkbox"/> Update registration	Registration #: RE	
(c)	<input type="checkbox"/> De-register	Registration #: RE	

Authorization to discharge is contingent on full compliance with the Waste Discharge Regulation and Code of Practice, including registration. Registration will be effective 45 days after the date the completed registration form and fee are delivered to a director, unless otherwise informed.

**Please complete the Applicant Information section. If you are an authorized agent or representative for the Applicant, also fill out the Authorized Agent Information section following.**

**Applicant Information**  
 (Enter a Registered Company name, OR a person's first and last name, but not both)

Company Legal Name			
Doing Business As (if applicable)			
<b>or</b>			
Last Name			
First Name			
<b>and</b>			
Contact Numbers [e.g., (604) 111-2222]	Phone: <input type="text"/>	Cell: <input type="text"/>	Fax: <input type="text"/>
E-mail Address			
Legal Address (as registered with B.C. Registrar of Companies)			
Mailing Address (if different from above)			
Billing Address (if different from above)			
Nearest Municipality to the Facility/Site			

**Contact Information for Operator or Facility Manager (if different from owner above)**

Contact Last Name			
Contact First Name			
Contact Numbers [e.g., (604) 111-2222]	Phone: <input type="text"/>	Cell: <input type="text"/>	Fax: <input type="text"/>
E-mail Address			

**Authorized Agent Information** (to be completed if representing the owner)

Agent's Company Legal Name

Doing Business As (if applicable)

Agent's Last Name

Agent's First Name

Contact Numbers [e.g., (604) 111-2222] Phone:  Cell:  Fax:

E-mail address

**Applicant's Authorization for Agent**

You need to sign this only if you are authorizing an agent or representative to deal directly with the Ministry on your behalf.

I / we (discharger) hereby authorize \_\_\_\_\_ to deal with the Ministry directly on all aspects of this application. (Agent)

Print Name of Applicant

\_\_\_\_\_ Date (mm.dd.yyyy)

Signature of Applicant (not Agent or Representative)

**Facility Information**

(check the box that applies)

**Type of Facility:**

- |  |                   |
|--|-------------------|
| <input type="checkbox"/> Slaughtering poultry              | NAICS Code 311615 |
| <input type="checkbox"/> Slaughtering livestock (red meat) | NAICS Code 311611 |

**Location:** Latitude  Longitude  Source of data: GPS  or Survey

(Must be in decimal degrees format)

**Please fill in either:**

Legal Land Description (Lot/Block/Plan)

or

PID/PIN/Crown File No.

and

Facility Address (physical address)

Is Applicant Legal Land Owner  YES  NO (If NO, please provide details below:)

Legal Land Owner Name

Contact Numbers [e.g., (604) 111-2222] Phone:  Cell:  Fax:

E-mail address

**Code Specific Requirements**

Annual Production:  tonnes live weight killed (per calendar year).

Maximum wastewater discharge:  cubic meters per day.

**Discharge Information**

**Description of Discharge Source:**  Red Meat wastes  Poultry processing wastes

Discharge Type:	Liquid (wastewater)	Refuse (Solids and semi-solids)	Air Emissions
<b>Proposed Treatment and Disposal:</b> (Select all that apply)	<input type="checkbox"/> Subsurface Discharge (e.g., tile/drain field)	<input type="checkbox"/> Landfill	<input type="checkbox"/> Incineration
	<input type="checkbox"/> Spray Irrigation	<input type="checkbox"/> Composting Quantity: _____ In tonnes per year	Other: _____ Please indicate
	<input type="checkbox"/> Land Discharge by a farmer (per s. 8(5))	Other: _____ Please indicate	
	Other: _____ Please indicate		

Discharge Location:  
(if different from facility location)

Latitude  Longitude   
(Must be in decimal degrees format)

Source of data: GPS  or Survey

**Please fill in either:**

Legal Land Description ( Lot/Block/Plan )

or PID/PIN/Crown File No.

**Please indicate which of the required plans are completed, and available if requested:**

(The discharger must make all records available for inspection by an officer or director and must provide a copy on request within 2 business days.)

Nutrient management plan:

- For wastewater  Yes  No  Not applicable
- For land application of compost product  Yes  No  Not applicable

Landfill groundwater monitoring & assessment plan:

- Yes  No  Not applicable

Landfill vector control plan:

- Yes  No  Not applicable

Landfill closure plan:

- Yes  No  Not applicable

**Annual Fee Calculation**

Annual Fee = \$100.00 per media [media = air emission, effluent (liquid waste), refuse (solid and semi-solid wastes)]

Check all that apply

Media	Cost (\$100.00 each)
<input type="checkbox"/> Air Emission	<input type="text"/>
<input type="checkbox"/> Effluent	<input type="text"/>
<input type="checkbox"/> Refuse	<input type="text"/>

**Total annual fee =** \_\_\_\_\_

**DECLARATION**

By submitting this registration form, I declare that the information contained on this form is complete and accurate information.

Name:   
Date: (mmddyyyy)

Signature \_\_\_\_\_  
Phone Number:

# Payment Form

Amount of Payment Submitted

## Form of Payment

The Ministry of Environment accepts AMERICAN EXPRESS, MASTERCARD or VISA as well as cheque or money order. Please indicate how you will be paying:

Cheque     Money Order     Credit Card (Please provide your credit card information in the area below)

## Cheque or Money Order Payment Option

For payment by cheque or money order please make payable to **Minister of Finance** and mail to the appropriate address below.

Name as it appears on cheque or money order:

## Credit Card Payment Option

Do not complete this section if you are paying by cheque or money order.

Please bill my:     AMERICAN EXPRESS

MASTERCARD

VISA

Name as it appears on Credit Card

Name of applicant if different than name on Card

Contact telephone number for Card Holder

Credit Card Number

Credit Card Expiry Date


Signature \_\_\_\_\_

Credit card information provided on this form will not be retained. Upon authorization of payment request, this page will be destroyed.

## Mailing and Contact Information

You can **MAIL** your completed application form with a cheque, money order or this credit card payment form to:

Environmental Management Branch  
Ministry Of Environment  
PO Box 9377 Stn Prov Govt  
Victoria, BC V8W 9M1

Or **DELIVER** by courier to:

3<sup>rd</sup> Floor, 2975 Jutland Road, Victoria, BC V8T 5J9

You can **FAX** your completed application form and this credit card payment form to: **(250) 356-0299**