

**Request Form for the Addition of Vehicle(s) to a Waste Collection Permit
where the Vehicle is Registered in the Name of the Waste Collection Permit Holder**

PERMIT HOLDER DETAILS			
Name of Waste Collection Permit Holder:			
Address:			
Permit Number:		Expiry Date:	__/__/__

DETAILS OF VEHICLE TO BE ADDED			
1	Vehicle Registration Number:		
1	Vehicle Registration Certificate Attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/> FAILURE TO SUBMIT A VEHICLE REGISTRATION CERTIFICATE WILL RESULT IN YOUR REQUEST BEING DENIED

Vehicle Registration Certificates (VRCs) must be in **exactly the same name** as the name on the Waste Collection Permit. VRCs in a different name will result in your request being denied.

INSURANCE DETAILS & REQUIREMENTS			
Insurance Company/Broker:			
Insurance Expiry Date:		Insurance Policy Number:	

If not already submitted, or if your Motor Insurance is now out of date, please complete and submit a **Motor Insurance Declaration Form**.

PERMIT HOLDER DECLARATION	
I declare that the above information is correct to the best of my knowledge. I acknowledge that I, the Permit Holder, bear the full responsibility for all waste collection activities undertaken by all vehicles listed on this Waste Collection Permit (Section 34 (10), Waste Management Act, 1996).	
Signed:	
Print Name:	
Position / Title: <i>(where applicable)</i>	

If there are further vehicles to be added, please list on reverse.

DETAILS OF VEHICLE(S) TO BE ADDED			
2	Vehicle Registration Number:		
	Vehicle Registration Certificate Attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/> FAILURE TO SUBMIT A VEHICLE REGISTRATION CERTIFICATE WILL RESULT IN YOUR REQUEST BEING DENIED
3	Vehicle Registration Number:		
	Vehicle Registration Certificate Attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/> FAILURE TO SUBMIT A VEHICLE REGISTRATION CERTIFICATE WILL RESULT IN YOUR REQUEST BEING DENIED
4	Vehicle Registration Number:		
	Vehicle Registration Certificate Attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/> FAILURE TO SUBMIT A VEHICLE REGISTRATION CERTIFICATE WILL RESULT IN YOUR REQUEST BEING DENIED
5	Vehicle Registration Number:		
	Vehicle Registration Certificate Attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/> FAILURE TO SUBMIT A VEHICLE REGISTRATION CERTIFICATE WILL RESULT IN YOUR REQUEST BEING DENIED
6	Vehicle Registration Number:		
	Vehicle Registration Certificate Attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/> FAILURE TO SUBMIT A VEHICLE REGISTRATION CERTIFICATE WILL RESULT IN YOUR REQUEST BEING DENIED
7	Vehicle Registration Number:		
	Vehicle Registration Certificate Attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/> FAILURE TO SUBMIT A VEHICLE REGISTRATION CERTIFICATE WILL RESULT IN YOUR REQUEST BEING DENIED
8	Vehicle Registration Number:		
	Vehicle Registration Certificate Attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/> FAILURE TO SUBMIT A VEHICLE REGISTRATION CERTIFICATE WILL RESULT IN YOUR REQUEST BEING DENIED

Vehicle Registration Certificates (VRCs) must be in **exactly the same name** as the name on the Waste Collection Permit. VRCs in a different name will result in your request being denied.

VEHICLE ADDITION FEES		
Fees are based on how quickly you wish your request to be processed		
STANDARD ELECTRONIC Within 10 Working Days €25	STANDARD HARDCOPY Within 10 Working Days €30	FAST-TRACK ELECTRONIC OR HARDCOPY Within 2 Working Days €50
Credit Transfer or Direct Lodgement	Lodge to Offaly County Council's Bank Account: Address: Bank of Ireland, Bridge Street, Tullamore, Co. Offaly. Sort Code: 90-19-09 Account Number: 48640672 PLEASE QUOTE CODE 05197008 AND INCLUDE YOUR NAME	
Postal Money Order or Bank Drafts	Crossed and made payable to Offaly County Council .	
Cash, Cheque, Credit or Debit Card	Pay at the Cash Office in Offaly County Council, or pay with credit or debit card, over the phone. Phone Offaly County Council on 057 93 46800. The NWCPO cannot take payment details for security reasons.	