CODE OF PRACTICE REGISTRATION FORM FOR DESIGNATED SECTOR OPERATIONS

This is an application to register a discharging operation under a CODE OF PRACTICE as outlined in ACRWC's Quality of Wastewater Bylaw No. 8 **or** to change or cancel an existing registration. This application is to be filed with ACRWC per the requirements of the bylaw. To apply for a change of information or cancellation of an existing registration, an application is to be filed within 30 days of the date on which the applied changes will take effect at the operation.

If you have any questions regarding the form, please email **discharge@acrwc.ab.ca; Attention: Regulatory Services.

The completed form is to be forwarded to :
Alberta Capital Region Wastewater Commission; Attention Regulatory Services
Please select either one of the following methods:
- Complete the registration form and email it along with any attachments to **discharge@acrwc.ab.ca** (preferred).
- Complete the registration form and fax it along with any attachments to 780-467-5398.

1. Operation Name (name of company, partnership, individual or institution):

Hereby apply to: (Check one of the following)
   Register as a discharging operation under one or more of the following Codes of Practice:

Check applicable code(s) below	Service or Industrial Category for Designated Sector Operations
	Oil & Gas Operations and Support Services Sector

Or

Change an existing registration under a code of practice

Reason for change:

Or

Cancel an existing registration under a code of practice

Reason for cancellation:

Operation Located at:

        Address:

        Telephone:

        Email:

        Company Name (if different from above):

        Mailing Address (if different from above):

        Postal Code: Telephone: Email:

Contact Information
        Owner
        Name:

        Telephone:

        Email:

        Facility Manager
        Name:

        Telephone:

        Email:

2. Code of Practice Information (Please check the appropriate box for each question)

Is this operation **connected to a municipal sanitary sewer system**?

    Yes   No   Don't know

Is wastewater from this operation discharged to **pretreatment works** specified in the applicable code of practice?
    Yes   No   Don't know

Does this operation use **off-site wastewater management** to comply with the requirements of the applicable code of practice?
    Yes, all wastes   Yes, some wastes   No   Don't know

3. Declaration

I hereby acknowledge that the information on this form is correct to the best of my knowledge.

        Signature:

        Name (please print):

        Title:

        Date: