

General Instructions for Registering Activities

Based on how you answer specific questions, you may be notified that your activity cannot be registered. If an activity cannot be registered it may still require an Environmental Compliance Approval.

The collection of personal information and other information in this form is necessary to administer the Environmental Activity and Sector Registry (EASR), a public registry established under subsection 20.20(1) of the *Environmental Protection Act* (EPA). The information collected in this form will be used for the purposes set out in subsection 20.20 (2) of the EPA, including for the purposes of allowing persons to register activities prescribed by the regulations for the purposes of subsection 20.21(1) of the EPA, and providing public access to information contained in the registrations and other information filed in the EASR, with the exception of payment information. The information will also be used in connection with the Ministry's compliance and enforcement activities under the EPA, and to administer the Act.

Questions about the collection of information can be directed to:

Client Service Representative
Environmental Approvals Access and Service Integration Branch
Ministry of the Environment
2 St. Clair Avenue West Floor 12A
Toronto ON M4V 1L5
Telephone: 416 314-8001
Toll Free: 1 800 461-6290

Once the required information is filed in the Environmental Activity and Sector Registry with respect to a prescribed activity, O.Reg. 245/11 (Prescribed Activities and the Environmental Activity and Sector Registry) requires that one of the persons listed below certify that the information filed in the Registry is complete and accurate. The wording of the certification before submittal is summarized below.

- a) For individuals engaging in the prescribed activity, the person that is engaging in the prescribed activity is required to make the certification.
- b) For corporations engaging in the prescribed activity, the officer or director of or a person who has authority to bind the corporation that is engaging in the prescribed activity is required to make the certification.
- c) For partnerships engaging in the prescribed activity, an individual who is a partner in the partnership that is engaging in the prescribed activity is required to make the certification, or an officer or director of or a person who has authority to bind the corporation that is a partner in the partnership is required to make the certification.

Part 1 – Registrant Contact Information

Business Individual

Legal/Business Name
[Acme Inc.](#)

Organization Type
[Corporation](#)

CRA Business No.
[123456789](#)

Contact Person

Last Name
[Trustworthy](#)

First Name
[Virginia](#)

Job Title
[General Manager](#)

Telephone No.
[\(416\) 555-1234](#) ext.

Cell No.

Fax No.

E-mail Address
VTrust@acmeinc.com

Business Mailing Address

[123 Anywhere Street Anytown](#)

Postal/ ZIP Code
[A1B 2C3](#)

Province/State
[ON](#)

Physical Civic Address I do not have a physical civic address

123 Anywhere Street Anytown

Postal/ ZIP Code

A1B 2C3

Province/State

ON

Physical Surveyed Address I do not have a physical surveyed address

Lot No.

Concession

Geographic Township

Municipality

Part Lot Description

Non-address Information

Part 2 – Site Information

Site Name

Acme Inc. Site #1

1. NAICS Code

562110

2. NAICS Code

3. NAICS Code

4. NAICS Code

5. NAICS Code

6. NAICS Code

Site Contact

Last Name

Trustworthy

First Name

Virginia

Telephone No.

(416) 555-1234

ext.

Cell No.

Fax No.

E-mail Address

VTrust@acmeinc.com

Do you have

Civic Address

Surveyed Address

Unsurveyed Address

Primary Civic Address

Unit No.

Unit Identifier

Street No.

123

Street Name (Include Street Type and Street Direction)

Anywhere Street

City/Town/Municipality

Anytown

Province

ON

Postal Code

A1B 2C3

District/County

MOE District Office

Othertown District Office

Property Identification Number (PIN)

Non-address Information

Additional Civic Address (Adjacent Property)

Unit No.

Unit Identifier

Street No.

Street Name (Include Street Type and Street Direction)

City/Town/Municipality

Province

Postal Code

District/County

MOE District Office

Property Identification Number (PIN)

Non-address Information

Additional Civic Address (Adjacent Property)

Unit No.	Unit Identifier	Street No.	Street Name (Include Street Type and Street Direction)		
City/Town/Municipality			Province	Postal Code	
District/County		MOE District Office		Property Identification Number (PIN)	
Non-address Information					

Primary Surveyed Address

Lot No.	Concession		Geographic Township		
Municipality			Part Lot Description		
District/County		MOE District Office		Property Identification Number (PIN)	
Non-address Information					

Additional Surveyed Address (Adjacent Property)

Lot No.	Concession		Geographic Township		
Municipality			Part Lot Description		
District/County		MOE District Office		Property Identification Number (PIN)	
Non-address Information					

Additional Surveyed Address (Adjacent Property)

Lot No.	Concession		Geographic Township		
Municipality			Part Lot Description		
District/County		MOE District Office		Property Identification Number (PIN)	
Non-address Information					

Unsurveyed Address

Unorganized Township

District/County		MOE District Office	
Map Datum	Geo-referencing method	Accuracy Estimate	Location Reference
UTM Zone	UTM Easting	UTM Northing	
Latitude		Longitude	
Non-address Information			

EXAMPLE

Part 3 – Activity Information

3.1 This form is to be used to register the use, operation, establishment, alteration, enlargement or extension of a waste management system that is a waste transportation system. Please confirm that you will be engaging in one or more of these activities. Yes No

3.2 For the waste management system that is the subject of this registration, please confirm that ALL of the following statements apply

- a) The waste management system involves only the collection, handling, transportation and transfer of waste by waste transportation vehicle (truck) Yes No
- b) The waste transportation system does not include any on-truck processing of waste Yes No

3.3 Does the waste management system involve the management of any of the following waste types (as they are defined within the meaning of Regulation 347 of the Environmental Protection Act, or in the case of biomedical waste or treated biomedical waste, the Ministry of the Environment's Guideline C-4: The Management of Biomedical Waste in Ontario)?

- (a) Hazardous waste* Yes No
- (b) Liquid industrial waste Yes No
- (c) Biomedical waste or treated biomedical waste Yes No
- (d) Asbestos waste Yes No

* Please note that hazardous waste should also be interpreted to include waste that was characteristic waste but that has been treated so that it is no longer characteristic waste, if the waste may not be disposed of by land disposal under subsection 79 (1) of Regulation 347 of the Revised Regulations of Ontario, 1990 made under the Act.

3.4 Please select in the table below all of the categories of waste that will be transported by the system. Note that the responses given in question 3.3 above should be true for any of waste categories selected:

- (a) Blue Box Materials
- (b) Domestic Sources
- (c) Dewatered Catch Basin Clean-Out Material
- (d) Waste from Food Processing/Preparation Operations
- (e) Leaf/yard waste
- (f) Tires
- (g) Commercial Waste
- (h) Wood Waste
- (i) Waste Wash Water
- (j) Non-hazardous Solid Industrial Waste
- (k) Contaminated Soil
- (l) Processed Organics
- (m) Hauled Sewage
- (n) Non-hazardous Spill Cleanup Material
- (o) Describe any other waste types managed by the system, if applicable:

3.5 Will waste be stored at any truck storage yard or other location as part of the operation of the waste management system? Yes No

3.6 (a) How many waste transportation vehicles (trucks) are included in the waste management system?

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(b) Does the waste management system involve transportation of waste into or out of the Province of Ontario? Yes No

Part 3 – Activity Information

(c) Please indicate the jurisdictions from which the waste transportation vehicle(s) normally enter/exit Ontario.

Check all that apply

- | | | |
|-----------|--|---|
| Quebec | <input checked="" type="checkbox"/> Enter from | <input checked="" type="checkbox"/> Exit to |
| Manitoba | <input type="checkbox"/> Enter from | <input type="checkbox"/> Exit to |
| New York | <input type="checkbox"/> Enter from | <input type="checkbox"/> Exit to |
| Michigan | <input checked="" type="checkbox"/> Enter from | <input checked="" type="checkbox"/> Exit to |
| Minnesota | <input type="checkbox"/> Enter from | <input type="checkbox"/> Exit to |

(d) Please indicate all jurisdictions in which waste is transferred to a storage or disposal site outside of Ontario.

- | | | | | |
|--|--------------------------------------|--|---|---|
| <input type="checkbox"/> Alberta | <input type="checkbox"/> Alaska | <input type="checkbox"/> Illinois | <input type="checkbox"/> North Carolina | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> British Columbia | <input type="checkbox"/> Alabama | <input type="checkbox"/> Indiana | <input type="checkbox"/> North Dakota | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Manitoba | <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> New Brunswick | <input type="checkbox"/> Arizona | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Nevada | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Newfoundland | <input type="checkbox"/> California | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Nova Scotia | <input type="checkbox"/> Colorado | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Northwest Territories | <input type="checkbox"/> Connecticut | <input type="checkbox"/> Maryland | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Nunavut | <input type="checkbox"/> Delaware | <input type="checkbox"/> Maine | <input type="checkbox"/> New York | <input type="checkbox"/> Washington |
| <input type="checkbox"/> PEI | <input type="checkbox"/> Florida | <input checked="" type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> Wisconsin |
| <input checked="" type="checkbox"/> Quebec | <input type="checkbox"/> Georgia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Missouri | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Yukon | <input type="checkbox"/> Iowa | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Pennsylvania | |
| | <input type="checkbox"/> Idaho | <input type="checkbox"/> Montana | <input type="checkbox"/> Rhode Island | |

5.2 Certification

I, the undersigned hereby declare that the information provided in this Registration is complete and accurate, and I am aware that it is an offence under s 184(2) of the *Environmental Protection Act* to provide false or misleading information to the Ministry.

Last Name

Trustworthy

First Name

Virginia

Company Name

Acme Inc.

Title

General Manager

Date (yyyy/mm/dd)

2012/12/12

EXAMPLE