



DARLINGTON
Borough Council

Public Protection Division
Corporate Services Department
Town Hall
Darlington
DL1 5QT
Tel: 01325 388799
Email: licensing@darlington.gov.uk

HIGHWAYS ACT 1980

SKIP COMPANY REGISTRATION FORM

Please complete this form using block capitals

1.	Name of Skip Company	
2.	Address of Skip Company	
3.	Name of Contact	
4.	Tel No.	
5.	E-mail	
6.	Name of Provider of Public Liability Insurance and Amount of Cover	
7.	Waste Carriers Licence Number	

DECLARATION

I have read and intend to comply with the conditions of a licence for placing a skip within the highway. I understand that to make a false statement knowingly or recklessly, or omit any information from this application is an offence and may result in prosecution.

I declare that to the best of my knowledge and belief the information provided on this form is true and correct.

Signed _____

Name _____

Date _____

By completing this document you give the Council the authority to collect and retain information about you for the purpose of skip licensing. In order to register you we may need to check this information with other enforcement agencies, local authorities or government departments.

IMPORTANT NOTICE: We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for same purposes, with other organisations which handle public funds. Our data protection registry holds details of the people who may use this information. Your personal data will otherwise be kept secure and confidential in all respects.

Darlington Borough Council is the Data Controller for the purposes of the Data Protection Act. If you want to know more about the information the Authority holds about you, or the way the Authority uses that information please contact Ken Walker.

Please return completed application to:

Licensing Section
Public Protection Division
Town Hall
Darlington
DL1 5QT

Or by email to

licensing@darlington.gov.uk

For official use only

Application return date _____ Checked (Initials/date) _____

CHECKLIST:-

- Public Liability Insurance (£5 million minimum).
- Waste Carriers Licence.