

REPUBLIC OF RWANDA



RWANDA UTILITIES REGULATORY AGENCY

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SANITATION SERVICES PROVIDER REGISTRATION FORM

1. IDENTIFICATION

 Company Cooperative Association Individual Other:

IDENTIFICATION		PHYSICAL ADDRESS		LICENSE & PERMIT	
Name:		Province:		<input type="checkbox"/> Standard License	<input type="checkbox"/> Agreement
		District:		<input type="checkbox"/> Individual License	<input type="checkbox"/> Temporary
Tel :		Sector:		<input type="checkbox"/> None	Other:
Fax:		Cell:			
P. o. Box:		GEOGRAPHICAL COORDINATES		Issued by:	
E-mail:		Altitude :		Number:	
Web Site:		Longitude :		Valid y	From:
Start Year:					To:

2. SERVICES

Solid Waste management Services	Liquid Waste management Services	IPM Services	Cleaning/Hygiene Services
<input type="checkbox"/> Transportation	<input type="checkbox"/> Transportation	<input type="checkbox"/> Insect Control	<input type="checkbox"/> Office Cleaning
<input type="checkbox"/> Sorting	<input type="checkbox"/> Sorting	<input type="checkbox"/> Rodent Control	<input type="checkbox"/> Garden Cleaning
<input type="checkbox"/> Treatment	<input type="checkbox"/> Treatment	<input type="checkbox"/> Birds Control	<input type="checkbox"/> Road Cleaning
<input type="checkbox"/> Recycling	<input type="checkbox"/> Recycling	<input type="checkbox"/> Fumigation	Other:
Other:	Other:	Other:	

3. TYPES OF YOUR CLIENTS

HOUSEHOLDS	OFFICES	SCHOOLS	BUSINESS INSTITUTION		
<input type="checkbox"/> Small	<input type="checkbox"/> Offices	<input type="checkbox"/> Nursery	<input type="checkbox"/> Bars	<input type="checkbox"/> Supermarkets	<input type="checkbox"/> Restaurants
<input type="checkbox"/> Medium	<input type="checkbox"/> Hospitals	<input type="checkbox"/> Primary /secondary	<input type="checkbox"/> Apartments	<input type="checkbox"/> Motels	<input type="checkbox"/> Hotels
<input type="checkbox"/> Large	<input type="checkbox"/> Prisons	<input type="checkbox"/> Universities	<input type="checkbox"/> factories	<input type="checkbox"/> Industries	<input type="checkbox"/> Garages
<input type="checkbox"/> markets			<input type="checkbox"/> Butchery		
Others:					

4. TYPES OF CONTRACTS

- a. Subscription System (i.e. Abonnement)
- b. Quantity collected System (i.e. payment according to the quantity of waste you collected)
- c. Others:

5. CONTRACTS ARRANGEMENTS

- a. Provider to Client
- b. Provider to Clients Representative
- c. Provider to Local Authorities
- d. Others:

6. CONTRACT DURATION

<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly	Others:
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7. TYPE OF WASTE YOU COLLECT

Wastes		Tick in this case
Domestic Waste	a. Solid waste	
	b. Liquid waste	
	c. Biodegradable waste	
	d. Non-Biodegradable waste	
	e. Toxic waste	
	f. Non-Toxic waste	
	g. Recyclable waste	
	h. Non-Recyclable waste	

Industrial Waste	a. Solid waste	
	b. Liquid waste	
	c. Biodegradable waste	
	d. Non-Biodegradable waste	
	e. Toxic waste	
	f. Non-Toxic waste	
	g. Recyclable waste	
	h. Non-Recyclable waste	

8. FREQUENCY OF WASTE COLLECTION

- a. Daily
- b. Weekly
- c. Twice a Week
- d. Three time a Week
- e. Others:

9. SORTING OF WASTE:

- a. At source of generation
- b. At disposal site
- c. No sorting
- d. Others:

10. WASTE CONSERVATION MATERIALS:

Item	Do you provide them?
<input type="checkbox"/> Bags	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Buckets	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dust bin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Others:	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. WASTE TRANSPORTATION:

- a. Vehicles
- b. Persons
- c. barrow
- d. Others:

