APPLICATION FOR SOLID WASTE MANAGEMENT CERTIFICATE

Business Name:	
Business Address:	
Name of Owner:	
Amount:	
Date:	
This is not the Solid Waste	Management Certificate and is not a proof of payment of fees.
The undersigned certifies tregulations pertaining to S	hat the above applicant has been examined and has complied with the existing rules and olid Waste Management.
	Inspected and Recorded by:
	ENGR. DAISY VINA R. CEREZO
	Designated MENRO
	Republic of the Philippines Province of Nueva Ecija MUNICIPAL GOVERNMENT OF JAEN Municipal Environment and Natural Resources Office FOR SOLID WASTE MANAGEMENT CERTIFICATE
Business Name:	
Business Address:	
Name of Owner:	
Amount:	
Date:	
This is not the Solid Waste	Management Certificate and is not a proof of payment of fees.

The undersigned certifies that the above applicant has been examined and has complied with the existing rules and

regulations pertaining to Solid Waste Management.

Inspected and Recorded by:

ENGR. DAISY VINA R. CEREZO

-----Designated-MENRO-----