

Application Form
Registration of Industrial Effluent Treatment Systems Consultants

APPLICANT'S INFORMATION

1. NAME OF APPLICANT

IDENTITY CARD #

3. ADDRESS

2. NAME OF COMPANY

4. TELEPHONE NUMBER

5. FACSIMILE NUMBER

6. E-MAIL ADDRESS

FIELD OF SPECIALIZATION IN IETS

7. CATEGORIES OF IETS*

Biological treatment processes

(a) Suspended Growth Processes

Conventional activated sludge (CAS)

Extended aeration activated sludge (EAAS)

Sequencing batch reactor (SBR)

Upflow anaerobic sludge blanket (UASB)

Oxidation ditch

Oxidation ponding system

Others (please specify)_____

(b) Fixed film processes

Trickling filter (TF)

Rotating biological contactor (RBC)

Others (please specify)_____

Physical-chemical treatment processes

- | | |
|------------------------------------|--------------------------|
| Dissolved air flotation (DAF) | <input type="checkbox"/> |
| Metals precipitation | <input type="checkbox"/> |
| Coagulation and flocculation | <input type="checkbox"/> |
| Ion exchange | <input type="checkbox"/> |
| Redox reaction | <input type="checkbox"/> |
| Chemical oxidation | <input type="checkbox"/> |
| Membrane process | <input type="checkbox"/> |
| Electrowinning | <input type="checkbox"/> |
| Corrugated plate interceptor (CPI) | <input type="checkbox"/> |
| Lamella plate clarification | <input type="checkbox"/> |
| pH adjustment | <input type="checkbox"/> |
| Carbon adsorption | <input type="checkbox"/> |
| Color removal technologies | <input type="checkbox"/> |
| Oil removal technologies | <input type="checkbox"/> |
| Others (please specify) _____ | <input type="checkbox"/> |

*(Note: * Please check box wherever applicable)*

EDUCATION AND PROFESSIONAL STATUS
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8.1 EDUCATION*

- | | | |
|---|--------------------------|--|
| a) Undergraduate degree | <input type="checkbox"/> | Please specify
(Bachelors degree)

(e.g. B. Sc. Chemical Engineering, Universiti Malaya, 1980) |
| b) Postgraduate degree
(Masters degree) | <input type="checkbox"/> | Please specify

(e.g. M. Sc. Chemical Engineering, Universiti Malaya, 1988) |
| c) Postgraduate degree
(Doctoral degree) | <input type="checkbox"/> | Please specify

(e.g. PhD. Chemical Engineering, Universiti Malaya, 1992) |

8.2 PROFESSIONAL STATUS

Registered with the Board of Engineers Malaysia (BEM)?

Yes No

If Yes:

Registration number: _____

Field of registration: _____
(e.g. Chemical engineering)

(Please provide latest "Borang D1 – Perakuan Pendaftaran sebagai Jurutera Profesional" issued by BEM)
(Note: * Please check box wherever applicable)

PRACTICAL EXPERIENCE

9. List of IETS consultancy projects and IETS installations carried out in the last three years.

#	Date	Title of Proposal	Name and address of client	Date of project completion
1.				
2.				
3.				
4.				
5.				

TECHNICAL SUPPORT STAFF

10. List of technical staff in charge of IETS projects

#	Name	Education*	Professional status**

*(Please specify eg.:

B.Sc. Chemical Engineering, university Malaya, 1980, M.Sc. Chemical Engineering, University Malaya, 2000, or PhD. Chemical Engineering, University Malaya, 2004).

** If registered with the Board of Engineers Malaysia (BEM) write down the registration number and field of Discipline eg. 1173; Chemical Engineering. Provide the latest "Borang D1 – Perakuan Pendaftaran sebagai Jurutera Profesional" issued by BEM.

CONTINUING PROFESSIONAL DEVELOPMENT

11. List of courses, seminars and conferences attended (organized by the Department of Environment or other training providers) in the last three years.

#	Date	Name of course/seminar/conference	Venue
1.			
2.			
3.			
4.			
5.			

DECLARATION*

- This is my first application
- I have been listed in the year _____
- I have applied in _____ (year) but was unsuccessful

I hereby apply for registration/renewal of registration** and declare that the information supplied is true and accurate to the best of my knowledge and permit DOE to verify the information from the sources concerned. I understand that my application may be rejected without notice if the information supplied is found to be untrue.

NAME : _____

SIGNATURE : _____

DATE : _____

DESIGNATION: _____

COMPANY STAMP
(If relevant)

(Note: Please check box wherever applicable.*

*** Please strike out whichever not applicable)*

NOTES

1. Acceptance for listing on the website of the Department of Environment will be made entirely on the criteria set by the Department of Environment Malaysia, who will not be obliged to disclose reasons for acceptance or otherwise.
2. Incomplete submission may be rejected
3. Please use attachments if space provided is insufficient

Please send completed Application Form to:-

Secretariat to Consultants Registration
Institut Alam Sekitar Malaysia (EiMAS)
Department of Environment Malaysia
Ministry of Natural Resources and Environment
Kampus Universiti Kebangsaan Malaysia
Beg Berkunci No. 24
43600 UKM, Bangi, Selangor
(attn.: Ahmad Saifful Bin Salihin)

Tel: 03-89261500; Fax: 03- 89261700

E-mail: saifful@doe.gov.my or Shazana@doe.gov.my

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