



ENERGY AND UTILITIES DEPARTMENT

APPLICATION FORM FOR SMALL BUSINESS

WATER SALES AND DELIVERY

The Applicant	
Complete Name of Applicant (as printed in the passport)	
Address of the Applicant	
Email Address	
Mobile Phone	
Name of Agent, if agent is used	
Email Address of Agent	
Mobile Phone of Agent	

The Business	
Name of Business	
Type of Business	
Location of Business	Island:
	District
	Block No.:
	Parcel No.:
Nature of application	<input type="checkbox"/> New <input type="checkbox"/> Renewal
If for renewal	<input type="checkbox"/> submit a copy of the old Business License
	<input type="checkbox"/> submit proof of compliance to the Conditions of Approval issued to you previously
Where do you get your water/source of water	<input type="checkbox"/> Deep Well, specify location: <input type="checkbox"/> Rain Catchment <input type="checkbox"/> Water Company, Give name of the company: Email address of the company: Phone of company
How do you get water from the source	<input type="checkbox"/> Delivery truck: provide company name and plate number of delivery truck <input type="checkbox"/> I have my own truck, • provide make/model and plate number.



Ministry of Home Affairs, Public Utilities and Transportation

Turks and Caicos Islands Government
Providenciales, Turks and Caicos Islands



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	<ul style="list-style-type: none">• provide photos of the truck 9 front, back, 2 side, photos of the water pump & hose)• provide license (plate number and documents of the truck) including insurance of the truck. <input type="checkbox"/> abstract water from well, provide location: block/parcel number:
How often do you get water from the source?	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> Others, specify
If you have your own truck, what is the capacity of your water tank?	Gallons/liters
How often do you clean your tank?	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> once a month <input type="checkbox"/> once a year
What treatment do you use to clean your tank?	<input type="checkbox"/> use chlorine <input type="checkbox"/> use Sodium hypochlorite (NaOCl or NaClO/Clorox) <input type="checkbox"/> others, specify
Are you getting a copy of Water Quality Test results from the source of water? Please provide a latest copy of the water quality test results.	<input type="checkbox"/> Yes, copy provided- submit a copy to WSB/EUD <input type="checkbox"/> No
How do you sell or re-sell your water?	<input type="checkbox"/> delivered to houses <input type="checkbox"/> sell bottled water in specific place/shop <input type="checkbox"/> others, specify

Submitted by:	
Name and signature of Applicant	
Date Submitted	

Submit the duly accomplished Form and supporting documents to the Office of the Energy and Utilities Department and/or send to <energyandutilities@gov.tc>

For Official Use Only:
Received by:
Date Received:
Action Taken: