



## PRE-QUALIFICATION FORM

NWASHC-PQF-000-Y-25

### WASH COMPLIANCE CERTIFICATE

Name of Entity \_\_\_\_\_

Location (Full Address of Head Office) \_\_\_\_\_

Contact #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Year of establishment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yy)

Type of Business

<b>Water Processing Companies</b>	<input type="checkbox"/>	<b>Cinemas And Video Clubs</b>	<input type="checkbox"/>
<b>Eatery (Restaurants/Catering Services)</b>	<input type="checkbox"/>	<b>Factories And Concession Areas</b>	<input type="checkbox"/>
<b>Food Processing Plants (Bakery, Beverages Companies Etc.)</b>	<input type="checkbox"/>	<b>Shops</b>	<input type="checkbox"/>
<b>Chemical Store</b>	<input type="checkbox"/>	<b>Stores</b>	<input type="checkbox"/>
<b>Vector Control Institution</b>	<input type="checkbox"/>	<b>Supermarket</b>	<input type="checkbox"/>
<b>Health Care Waste Handling Companies</b>	<input type="checkbox"/>	<b>Hotels</b>	<input type="checkbox"/>
<b>Occupational Health And Safety Institutions</b>	<input type="checkbox"/>	<b>Motels</b>	<input type="checkbox"/>
<b>Banks And Other Financial Institutions</b>	<input type="checkbox"/>	<b>Guest Houses</b>	<input type="checkbox"/>
<b>Health Care Institutions</b>	<input type="checkbox"/>	<b>University/College</b>	<input type="checkbox"/>
		<b>Cold Storages</b>	<input type="checkbox"/>
		<b>Others:</b>	<input type="checkbox"/>
		<b>Please specify</b> _____	

Owner of Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Mandate: "To Promote and Regulate the Development, Management of Hygiene Service and Serve as the Principal Government Entity of Water, throughout the Republic of Liberia"**



## TECHNICAL STAFF INFORMATION

No.	Name	Nationality	Position	Education Qualification/Experience(s)
1.				
2.				
3.				
4.				

### Requested attachments

- Accreditation from LMHRA, if applicable
- Business Registration
- Article of Incorporation, if applicable
- Tax Clearance
- Staff CV, if applicable
- Sanitation and waste management plan/policy, if applicable
- Accreditation from the Ministry of Health, if applicable
- Permit from the Ministry of Information Cultural Affairs & Tourism (MICAT), if applicable

**Note:** all applications without the appropriate documents attached are considered incomplete

Signature and official stamp of applicant: \_\_\_\_\_

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1. This establishment after a thorough review with findings and observations, is declared:
  - a. Qualify to obtain a WASH Compliance Certificate ( )
  - b. Not qualify to obtain WASH Compliance Certificate ( )
  - c. Qualify to obtain a WASH Compliance Certificate under condition through the probationer period with Nuisance (s) abated ( )

2. Analyzed and submitted for decision by Compliance Officer :

Name \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Reviewed and attested by: \_\_\_\_\_

**WATER QUALITY UNIT**

Reviewed and attested by: \_\_\_\_\_

**SANITATION UNIT**

APPROVED BY: \_\_\_\_\_

**DIRECTOR OF COMPLIANCE AND REGULATIONS**

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