

1st Floor, Old Libtelco Building, 18th Street Sinkor, Monrovia-Liberia Tel: (+231) 779206425 Email: info@nwashc.gov.lr - www.nwashc.gov.lr

### WASH COMPLIANCE LICENSE

NWASHC-WCL -PQF-000-Y-25

### **PRE-QUALIFICATION FORM FOR WATER COMPANIES**

Name of Entity	/						
Location	(Full	Address	of	Head	Office)		
Contact#:	email Address:						
Sub-Office(s)/	Production Loca	ation(s):					
Location 1:			Conta	nct #:			
Location 2:			Conta	act #:			
Location 3:			Conta	act #:			
Year of establi	shment:	/	/	(mm/dd/yy)			
Type of Busine	ess Registration: S	Sole Proprietorship	Partnership	Corporation	]		
Owner of Busi	ness Name:						
Address:							
Telephone No.	:	E					
Water producti	on site: Residenti	ial Stand-alone	Annex Oth	er			
Please specify							
		Borehole					
		Sachet D Bottling	Trucking	Jerry-Can 🗌 Kic	osks/		
This form is of <b>STAMP</b> :	ty valie with the	official stamp of N	WASHC				
	COMMISSION						

Mandate: "To Promote and Regulate the Development, Management of Water, Sanitation a. , giene Services and Serve as the Principal Government Entity on Water, Sanitation and Hygiene throughout the Republic of Liberia"

## **TECHNICAL STAFF INFORMATION**

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

NOTE: Please Attached CV and residence and work permits, where applicable

- Environmental Compliance License
- Recent Water Quality Report from NPHIL
- Business Registration and Tax Clarence
- Article of Incorporation, if applicable
- Copies of the last three months' daily water quality analysis report
- Last three months payment receipts from LWSC, if applicable

#### **OTHERS:**

Number of light-duty vehicles: One (1)  $\Box$  / Two (2)  $\Box$  / Three (3)  $\Box$  / More than Three (3)  $\Box$ 

Number of heavy-duty vehicles: One (1)  $\square$  / Two (2)  $\square$  / Three (3)  $\square$  / More than Three (3)  $\square$ 

Number of machines: \_\_\_\_\_

I the undersigned hereby certify that the information contained herein is true and correct to the best of my knowledge; any discovery on the contrary by the National Water Sanitation and Hygiene Commission (NWASHC) shall be denied the application.

Name:	Position:	Position:				
Signed:						

Date: \_\_\_\_ /\_\_\_ /

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# **OFFICIAL USE ONLY**

Review By: \_\_\_\_\_

Compliance Officer

Approved By: \_\_\_\_\_

\_\_\_\_\_ Signed: \_\_\_\_\_

Director for Compliance and Regulations

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