

**APP-GEN2**

**The Environmental Authorisations (Scotland) Regulations 2018 (EASR)**

**Application form for a:**

* **Transfer (in whole or in part) of an authorisation**

Version 1.0

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If you would like this document in an accessible format, such as large print, audio recording or braille, please contact SEPA by emailing equalities@sepa.org.uk.

## How to use this APP-GEN2 form

Use this form to apply for:

* A **transfer (in whole or in part) of an existing authorisation** (registration or permit) under the Environmental Authorisations (Scotland) Regulations 2018 (“EASR”).

You will need to submit additional form(s) along with this APP-GEN2 form to complete your application.

## Before you apply

* Where you see the term ‘document reference’, enter the document reference(s) for the information you have provided. These must be submitted along with the completed form.
* Complete the relevant forms and submit all the required information. If you fail to do so, we will return your application and may retain part of the fee.

## How to apply

**Email application (preferred)**

* Send your completed application to registry@sepa.org.uk.

**Post application (slower processing)**

* You can also send your application by post, but please note it may take longer to process.

Postal address: **SEPA**

**Angus Smith Building**

**Unit 6, 4 Parklands Avenue, Holytown, Motherwell**

**ML1 4WQ**

**What to include in your application**

* For **a transfer (in whole or in part) of a registration,** your application must include:
1. A completed APP-GEN2 form
2. Completed activity form(s)
3. Any required supporting information
* For **a transfer (in whole or in part) of a permit**, your application must include:
1. A completed APP-GEN2 form
2. Completed Transfer form(s)
3. Any required supporting information

**Where to get the forms**

* You can download [activity forms and transfer forms](https://www.sepa.org.uk/easr) from our website.

## How to complete this APP-GEN2 form

For applications to transfer (in whole or in part)an existing authorisation, both the proposed transferee (proposed authorised person) and the transferor (current authorised person) must submit a joint application to transfer the authorisation specified in Section 2. Please follow the steps below:

#### Proposed transferee (proposed authorised person)

1. Complete all sections of this form, except Section 3.2.
2. Complete a separate “Disclosure form”.
* The Disclosure form must be completed as instructed in this form and submitted only by the proposed transferee.
* The Disclosure form must be submitted separately from the application (APP-GEN2 form, activity form(s) or transfer form(s), and any other supporting information) to ensure that sensitive information is not shared with the transferor during the application process.
* The [Disclosure form](https://www.sepa.org.uk/easr) can be downloaded on our website.
* Please provide the document reference for the Disclosure form below.

| **Document Reference – Disclosure form** |
| --- |
|  |

1. Read and complete the declaration in Section 8 of this form providing the required details as a joint applicant in Table 11.

#### Transferor (current authorised person)

1. As transferor you are applying to transfer the authorisation described in Section 2 of this form. Check the details provided in Section 2 are correct.
2. Complete Section 3.2 of this form.
3. Read and complete the declaration in Section 8 of this form providing the required details as a joint applicant in Table 12.

#### Both Proposed Transferee and Transferor

1. Jointly complete the relevant activity form(s) and/or transfer form(s).

Note: SEPA may transfer (in whole or in part) an authorisation on the application of the proposed transferee alone where the proposed transferee has demonstrated to our satisfaction that no authorised person can be found. If this applies to your situation, please contact us to discuss the application process before completing this form.

## Section 1 - Contact details

Please provide the contact details of the person we should contact with any questions regarding this application. This may be the applicants or another person with the relevant authority to complete the application on behalf of the applicants (e.g. a director, environmental manager, agent, consultant).

**Table 1: Contact details**

| **Question** | **Answer** |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Business name** |  |
| **Phone number** |  |
| **Email address** |  |

## Section 2 – Authorisation reference

Please provide the reference of the existing authorisation you wish to transfer.

| **Authorisation reference** (e.g. EAS/R/1234, CAR/R/1234, PPC/A/1234, WML/L/1234) |
| --- |
|  |

## Section 3 - About the applicants

For applications to transfer an existing authorisation, the applicants are both:

1. **The proposed transferee (proposed authorised person)**

The proposed transferee (proposed authorised person) must be the person who will have control over the regulated activity. This means they must have the authority and ability to ensure compliance with the conditions of the authorisation. If the application is granted, they will be referred to as the “authorised person”.

Please read our guidance on [Who can hold an authorisation](https://www.sepa.org.uk/easr) to understand our criteria for assessing if you are ‘in control’ of the regulated activity and if you are a ‘fit and proper person’ to hold or continue to hold an authorisation.

Please complete the relevant details in Section 3.1.

1. **The transferor (current authorised person)**

The transferor must be the current authorised person. Please complete the relevant details in Section 3.2.

#### One person in control

For applications where **one person** will have control of the regulated activity, please complete only one of the Sections 3.1.1 to 3.1.6 below that is relevant to you.

#### Multiple persons in control

For applications where **multiple persons** have or will have control of the regulated activity, contact us to discuss the application process before completing this form.

Supporting documents for an application where multiple persons have or will have control of the regulated activities must:

* Detail which person has responsibility for which part of the authorised place.
* Specify which activity each person controls; and
* Identify how the different persons in control will liaise to ensure compliance with the conditions of the authorisation.

### 3.1 Proposed transferee (proposed authorised person)

The proposed transferee should complete only one of the Sections 3.1.1 to 3.1.6 below that is relevant to them.

### 3.1.1 Individual

**Table 2: Individual details**

| **Question** | **Answer** |
| --- | --- |
| **Name** |  |
| **Trading name** (if applicable) |  |
| **Business address** |  |
| **Phone number** |  |
| **Email address** |  |

Please provide the relevant details for the individual named above in the Disclosure form.

Refer to Section ‘How to complete this APP-GEN2 form’ for instructions on how to complete and submit the Disclosure form and include its document reference.

### 3.1.2 Registered company

**Table 3: Registered company details**

| **Question** | **Answer** |
| --- | --- |
| **Company name** |  |
| **Trading name** (if applicable) |  |
| **Registered number** **with Companies House** |  |
| **Registered office address** |  |
| **Postcode** |  |
| **Main office address and** **postcode** (if different) |  |
| **Contact name** |  |
| **Position** |  |
| **Phone number** |  |
| **Email address** |  |

Please provide the relevant details for the following additional persons in the Disclosure form:

* all current directors; and
* company secretaries.

Refer to Section ‘How to complete this APP-GEN2 form’ for instructions on how to complete and submit the Disclosure form and include its document reference.

### 3.1.3 Partnership

**Table 4: Partnership details**

| **Question** | **Answer** |
| --- | --- |
| **Partnership name** |  |
| **Trading name** (if applicable) |  |
| **Registered/Principal business address** |  |
| **Postcode** |  |
| **Registered number with Companies House** (if applicable) |  |
| **Main office address and** **postcode** (if different) |  |
| **Contact name** |  |
| **Position** |  |
| **Phone number** |  |
| **Email address** |  |

For all partnerships, please provide the relevant details for the following additional persons in the Disclosure form:

* all current partners or members.

Refer to Section ‘How to complete this APP-GEN2 form’ for instructions on how to complete and submit the Disclosure form and include its document reference.

### 3.1.4 Statutory corporations and public bodies/bodies corporate

**Table 5: Statutory corporations and public bodies/bodies corporate details**

| **Question** | **Answer** |
| --- | --- |
| **Public body/Corporation name** |  |
| **Registered/Principal office address** |  |
| **Postcode** |  |
| **Incorporation date**  |  |
| **Details of how incorporated** (e.g. statue/Royal Charter) |  |
| **Contact name** |  |
| **Position** |  |
| **Phone number** |  |
| **Email address** |  |

### 3.1.5 Incorporated association/ Organisation

**Table 6:** **Incorporated association/ Organisation details**

| **Question** | **Answer** |
| --- | --- |
| **Association/Organisation name** (e.g. Scottish Charitable Incorporated Organisations) |  |
| **Address/Registered office address** |  |
| **Postcode** |  |
| **Incorporation number**  |  |
| **Contact name** |  |
| **Position** |  |
| **Phone number** |  |
| **Email address** |  |

Please provide the relevant details for the following additional persons in the Disclosure form:

* all trustees.

Refer to Section ‘How to complete this APP-GEN2 form’ for instructions on how to complete and submit the Disclosure form and include its document reference.

### 3.1.6 Unincorporated association/ Trust

**Table 7: Unincorporated association/ Trust details**

| **Question** | **Answer** |
| --- | --- |
| **Association/Organisation name** |  |
| **Address/Registered office address** |  |
| **Postcode** |  |
| **Incorporation number**  |  |
| **Contact name** |  |
| **Position** |  |
| **Phone number** |  |
| **Email address** |  |

Please provide the relevant details for the following additional persons in the Disclosure form:

* all current officer bearers of the association; or
* all trustees if the association is a Trust.

Refer to Section ‘How to complete this APP-GEN2 form’ for instructions on how to complete and submit the Disclosure form and include its document reference.

### 3.2 Transferor

The transferor should provide their details in the table below as the existing authorised person of the authorisation specified in Section 2 of this form.

**Table 8: Transferor details**

| **Question** | **Answer** |
| --- | --- |
| **Transferor name** |  |
| **Registered office/Business address** |  |
| **Registered number with Companies House** (if applicable) |  |
| **Contact name** |  |
| **Position** |  |
| **Phone number** |  |
| **Email address** |  |

## Section 4 - In control and Fit and Proper Person

For applications to transfer an existing authorisation, we must be satisfied that the proposed transferee (proposed authorised person) will have control over the regulated activity and is a fit and proper person to be in control of the regulated activity.

Please read our guidance on [Who can hold an authorisation](https://www.sepa.org.uk/easr) to understand our criteria for assessing if you are ‘in control’ of the regulated activity and if you are a ‘fit and proper person’ to hold an authorisation.

### 4.1 In control

Please tick the box below to confirm the following statement.

If you are completing this form on behalf of the proposed transferee (proposed authorised person), you must have the authority to provide this confirmation on their behalf.

I confirm that the proposed transferee will have control over the regulated activity. [ ]

4.2 Monetary penalty notices and convictions for relevant offences

The proposed transferee must complete the [Disclosure form](https://www.sepa.org.uk/easr). Refer to Section ‘How to complete this APP-GEN2 form’ for instructions on how to complete and submit the Disclosure form and include its document reference.

The Disclosure form must:

* be completed only by the proposed transferee (the proposed authorised person), not the transferor (the current authorised person).
* be submitted by the proposed transferee separately from the application (APP-GEN2 form, relevant activity forms or transfer form(s), and any supporting information) to ensure that sensitive information is not shared with the transferor during the transfer process.

## Section 5 - About your pre-application discussions

If you have had any pre-application discussions with us before submitting your application, please provide the SEPA team name involved.

| **SEPA Team Name** |
| --- |
|  |

## Section 6 - National security, commercial confidentiality and other sensitive information

If you are providing information that is commercially confidential or related to national security or other sensitive information, please notify us in this section.

### 6.1 National security

Is there any information in this application that you believe should be kept from the Public Register on the grounds of national security?

Yes [ ]

No [ ]

If ‘Yes’, please:

* provide a copy of the application to the Secretary of State or the Scottish Ministers for a direction (as appropriate) on the issue of national security;
* submit a separate document clearly marked as "National Security” including full details and justification, along with a copy of any direction from the Secretary of State or the Scottish Ministers.
* do not include any national security information or give reference numbers to the relevant documents submitted in or with this form.

### 6.2 Commercial confidentiality

#### Is there any information in your application that you believe should be kept from the public register on the grounds of commercial confidentiality?

Yes [ ]

No [ ]

If ‘Yes’, please provide full details and reasons why you consider the information to be commercially confidential on a separate document. SEPA will consider whether any such claim is justified.

| **Document Reference** |
| --- |
|  |

### 6.3 Other sensitive information

Is there any information in your application that you believe should be kept from the public register due to its sensitivity (e.g. the location of species requiring special protection)?

Yes [ ]

No [ ]

If ‘Yes’, please provide full details and justification on a separate document. SEPA will consider whether any such claim is justified.

| **Document Reference** |
| --- |
|  |

## Section 7 - Charging

### 7.1 Application fee charges

To complete your application, you must include the correct fee with this form.

Use the table below to list the details of each regulated activity you wish to transfer and its corresponding fee. If necessary, you can add more entries.

You can find activity descriptions and transfer application fees on the [Charging Scheme page](https://www.sepa.org.uk/regulations/authorisations-and-permits/charging-schemes/charging-schemes-and-summary-charging-booklets/) of our website.

If you need assistance determining the correct application fee, contact charging@sepa.org.uk.

**Table 9: Activity details and application charges**

| **SEPA Reference Number** | **Description of the regulated activity:**  | **Transfer application fee (£)** |
| --- | --- | --- |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |
|  |  | £ |

**TOTAL:**

### 7.2 Payment method

Please confirm your payment method below:

**Online payments** [ ]

You can access our [online payments system](https://beta.sepa.scot/about-sepa/online-payments/) on our website.

**BACS** [ ]

For BACS payments, please use the following details:

Sort code: **83 34 00**

Account number: **00137187**

Account name: **SEPA**

We cannot process your application until proof of payment is received. Please submit proof of payment in a separate document.

| **Document Reference** |
| --- |
|  |

### 7.3 Contact details for invoices

Some regulated activities may also have an associated annual subsistence charge.

If this applies to your activity and the contact details for invoices are different from those provided in Section 3, please provide the details of the person or department we should contact about charges and the address where all invoices should be sent to.

**Table 10: Contact details for invoices**

| **Question** | **Answer** |
| --- | --- |
| **Name/Department name** |  |
| **Business address** |  |
| **Postcode** |  |
| **Phone number** |  |
| **Email address** |  |

## Section 8 - Declaration

By submitting the application (APP-GEN2 form, relevant activity form(s) or transfer form(s), and any supporting information) you are confirming all of the following:

1. (a) We are the joint applicants (transferor and proposed transferee) and we apply for a transfer (in whole or in part) under the Environmental Authorisations (Scotland) Regulations 2018 and have completed the relevant particulars of the application; or

(b) I am/We are authorised on behalf of the joint applicants (transferor and proposed transferee) to apply for a transfer (in whole or in part) under the Environmental Authorisations (Scotland) Regulations 2018 and to complete all particulars of the application.

1. The information is correct (Note: knowingly or recklessly submitting false or misleading information may be an offence).
2. Any person whose personal information is included in or with this application has been made aware of how we use personal information under Data Protection Act 2018 (‘DPA 2018’) and [SEPA’s General Privacy Policy](https://beta.sepa.scot/about-sepa/how-we-work/privacy-notice/).
* The transferee (proposed authorised person) or the person representing or acting on the transferee’s behalf should complete Table 11: Transferee - Details of the person submitting the application and making the declaration.
* The transferor (current authorised person) or the person representing or acting on the transferor’s behalf should complete Table 12: Transferor - Details of the person submitting the application and making the declaration.

**Table 11: Transferee - Details of the person submitting the application and making the declaration**

| **Question** | **Answer** |
| --- | --- |
| **Name of person submitting the application** (e.g. individual applicant, director name, partner name, consultant name, environmental manager name) |  |
| **Position or capacity of the person named above**(e.g. you are the applicant, director of the applicant, consultant to the applicant) |  |
| **Email address and phone number** (if not already provided in this form) |  |
| **Date** |  |

**Table 12: Transferor - Details of the person submitting the application and making the declaration**

| **Question** | **Answer** |
| --- | --- |
| **Name of person submitting the application** (e.g. individual applicant, director name, partner name, consultant name, environmental manager name) |  |
| **Position or capacity of the person named above**(e.g. you are the applicant, director of the applicant, consultant to the applicant) |  |
| **Email address and phone number** (if not already provided in this form) |  |
| **Date** |  |