



OZONE DEPLETING SUBSTANCES REGULATIONS 2010

FORM 1

DEPARTMENT OF ENVIRONMENT

APPLICATION FOR LICENCE TO HANDLE CONTROLLED SUBSTANCES

(Sections 15 and 17 of the Act and Regulation 10(1))

Part A – Applicant details

1. Full name: _____
2. Name of employer: _____
3. Name and address of place of business: _____
4. Residential address: _____
5. Telephone: Home _____ Work _____
 Mobile _____ Fax _____
6. E-mail: _____
7. Is the applicant applying for the first time? YES/NO

Part B – Activity requiring a licence

1. State the activity or activities to be carried out which require the issue of a licence in respect of controlled substances (tick as applicable) - Charging, Recharging, Refilling, Recovery, Recycling, Capturing, Fumigation.
2. State which controlled substance or substances the applicant will be dealing with. (Refer to the list of controlled substances in Schedule 3 and give the relevant numbers.)

3. State whether the activity complies with the relevant Code of Practice. YES/NO
If Yes, attach a copy of the certificate of compliance. If No, state when compliance will be achieved.

4. State whether the applicant holds an accreditation certificate. YES/NO
If Yes, state the name of the approved institution or individual and attach a copy of the certificate. If No, state when accreditation will be achieved.

5. State any other relevant qualification the applicant has attained.

(Attach evidence of the qualification.).

6. State whether the applicant is currently carrying out any Charging, Recharging, Refilling, Recovery, Recycling, Capturing, and Fumigation of a controlled substance. YES/NO
If Yes, briefly describe the method used.

7. If the answer to question 6 is Yes, state when the applicant last performed the activity.

8. If the applicant uses one or more reclamation units, state –

(a) the brand name of each unit;

(b) the name of the supplier of each unit.

9. Does the applicant employ persons for carrying out the work? YES/NO
If Yes, provide the following details:

Name of employee	Qualification
_____	_____
_____	_____
_____	_____
_____	_____

10. Are there any accredited or licensed staff employed in your business? YES/NO
If Yes, provide the following details:

Name of accredited or licensed person	Qualification
_____	_____
_____	_____
_____	_____

Part C – Conditions of application

1. The applicant must complete this Form and send a copy to the Department of Environment.
2. The application fee of \$100 must accompany this form otherwise it will not be processed.
3. The applicant must within 5 days of submitting the application, sit a 1-hour practical examination and a 30-minute written examination under the supervision of 2 ODS officers.
4. The applicant will be notified within 14 days of the result of the application. Upon payment of the licence fee of \$100, a successful applicant will be issued a licence.
5. The licence must be displayed in a conspicuous place at the licensee's place of business.
6. A licence is valid for 1 year and is renewable, subject to Regulation 13, on payment of the renewal fee of \$12.00.

7. A licence is not transferable and can only be used by the applicant to whom the licence is granted, and for the purposes for which it is issued.

Declaration

I, _____ (applicant) declare the information given in this application to be true and accurate and I fully understand the conditions of this application.

Signed
Applicant

Date _____

Part D (Official use only)

Date application received _____
Receipt number: _____

If licence issued:

Receipt number _____
Licence Number _____
Date of issue _____
Date of expiry _____

Conditions of licence:

Specify training (if required) _____

If licence not issued

Reason for not issuing licence:

Recommendation to applicant (if any):

Signed _____ (ODS Officer)
for DIRECTOR OF ENVIRONMENT

Name _____

Date _____
