

FORM 1

APPLICATION FOR A LICENCE TO HANDLE CONTROLLED SUBSTANCES

Please tick the appropriate box

- New Application for Handling License (Please answer all Sections)**
- Application for Renewal of Handling License (Please state new information only)**

Part A

- 1. Full name: _____
- 2. Name of employer: _____
- 3. Address of place of business: _____
- 4. Residential Address: _____
- 5. Telephone: _____ Fax No. _____ E-Mail _____

Part B

- 6. Describe the activity or activities to be carried out which require the issue of a licence in respect of that activity (i.e. recover/recycle/recharge/refill/capture a controlled substance)

- 7. State which controlled substance the applicant will be dealing with (please refer to the list of controlled substances in Annex A and list the relevant numbers)

- 8. Specify (if any) compliance with any recognised Code of Practice (if yes, attach evidence of certification of compliance, licence issued, etc.)

9. State whether the applicant holds an accreditation certificate (if yes, attach a copy of the certificate)

10. State any other qualification the applicant has attained (attach evidence of qualification attained)

11. State whether the applicant is currently carrying out any recovery, recycle, reclaim, recharge, refill or capturing method in respect of a controlled substance (if yes, briefly describe the method used)

12. If the answer to question 11 is yes, please provide the following details: When did the applicant previously carry out the method referred to in question 11?

13. If the applicant uses a reclamation unit(s) please state the brand name of the reclamation unit(s)

14. Name of supplier of reclamation unit

15. Does the applicant employ persons for carrying out the work?

Yes /No (circle answer)

16. If the answer to question 15 is yes, please provide the following details:

Name of employee

Qualification

_____	_____
_____	_____
_____	_____
_____	_____

17. Are there any accredited or licensed staff employed in your business?

Yes / No (circle answer)

18. If the answer to question 17 is yes, please provide the following details:

Name of accredited or licensed person

Qualification

_____	_____
_____	_____
_____	_____

Part C- Declaration

I, _____ (applicant) hereby 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 – Conditions of Application

19. Every applicant must complete this Form and submit it to the Meteorology Division, Mulinuu.
20. An application fee of \$50 must be enclosed with each application form otherwise the application will not be considered
21. Every applicant is required within 14 days of submitting the application, to sit a one-hour practical and 30 minute written exam to be supervised by an ODS officer
22. Every applicant will be notified within 14 days on the result of the application. A successful applicant will be issued a license in the form of a registration certificate
23. Every licensee must display the registration certificate in a conspicuous place at the licensee's place of business
24. Each license is valid for one year and is renewable, subject to review by an ODS officer, at a renewal fee of \$10.00
25. A license issued for the purposes of these Regulations is not transferable and can be only used by the applicant to which the license is granted and for the purpose for which is license is granted.

N.B Annex A refers to the List of Substances controlled under the Montreal Protocol listed below.

ANNEX A

The following code numbers are for the purpose of the intended use of controlled substances referred to in question 7 in Part B:

1.0	Refrigeration		
1.1	Industrial	5.0	Solvents
1.2	Commercial	5.1	Electronics
1.3	Domestic	5.2	Metal cleaning
1.4	Transport	5.3	Dry cleaning
2.0	Air-conditioning	5.4	Other
2.1	Commercial	6.0	Fire fighting
2.2	Industrial	6.1	Portable
2.3	Domestic	6.2	Fixed System
2.4	Transport (private and public)	7.0	Fumigation
3.0	Aerosols	7.1	Quarantine
3.1	Commercial products	7.2	Pre-shipment
3.2	Industrial use	7.3	Soil fumigation
4.0	Foam blowing	7.4	Other agricultural uses
4.1	Flexible foams	7.5	Other
4.2	Rigid foams	8.0	Miscellaneous (to be
4.3	Semi-rigid foams		specified)

Part E: Official use only

Date application was received _____

- A. Date of granting license _____
License Number _____
Date of expiry _____

Conditions of license

Specify training (if required)

- B. License is not granted _____

Reason for not granting license

Recommendation to applicant

