



THE INDEPENDENT STATE OF PAPUA NEW GUINEA

Environment Act 2000

Act, Sec.60

APPLICATION FOR AN ENVIRONMENT PERMIT TO IMPORT AN OZONE DEPLETING SUBSTANCE

2 completed copies of this Form should be submitted.

1. Details of Applicant:

Name of Company or Individual (if not a Company):
Registered Address:
Site Address: (Section) (Allotment) (Street) (Suburb)
Phone: Facsimile: E-mail:

2. Name of Ozone Depleting Substance:

- CFC:
HCFC:
METHYL BROMIDE:
OTHERS:

3. Attachments.

- Summary of intended use patterns and/or a statement of the need to use the ODS in PNG.
2 original copies of the label which will be used when the product is imported and sold.
Copy of the current MSDS (Material Safety Data Sheet) for the ODS.

4. Application Fee: K50.00

I declare that details in this application are true and correct to the best of my knowledge and belief.

Signed:
Name: (Authorized person)
Designation:
Date:

Office use only table with columns for Date of Receipt and Application No.

Company seal (where appropriate)

NOTE: An approval will only be issued to existing importers of CFCs (i.e. importers who have imported CFCs within the 12 months till 31st December 2003) and will be subject to annual import quotas. Other ODS may be subject to quota in future.