



**DEPARTMENT OF ENVIRONMENT**

**Checklist for ODS Applications**

**Application for Permit to Store Controlled substances [Methyl bromide]**

No.	Requirements (supporting documentation)	Tick or NA	
		Applicant	Official Use
1.	Contact the Department of Environment [Ozone Depleting Substances (ODS) Unit] prior to preparation of information (this could include a telephone discussion or meeting with the Unit).  i. Discuss your plans to see which activities require a permit ii. What restrictions may apply in terms of complying with the application requirements for permit to store controlled substances or contracting businesses?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Documents to be submitted are as follows: i. Completed Application form (Form 3)  ii. Copy of the valid business license  iii. Approval from Register of Pesticides  iv. Treatment Provider Approval from BAF  v. Copy of Business Registration Certificate from Registrar of Companies  vi. Copy of the license of the fumigator working under the company	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.	Facility Inspection carried out by ODS Unit (internal)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Fee for application lodgment (\$97.15)	<input type="checkbox"/>	<input type="checkbox"/>

I, \_\_\_\_\_, hereby certify that I have paid the necessary application fees and that I have received/ not received the payment receipt (in the instance of not receiving a receipt, I agree to collect the receipt with the processed permit or earlier, as per the advice from the Department).

***For official purposes only***

Application received by: \_\_\_\_\_

Name of Receiving Officer: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Comments:** \_\_\_\_\_