



## 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.).

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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.

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

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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.

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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 \_\_\_\_\_

\_\_\_\_\_