Solomon Islands Government

Application for Permits

Ozone Depleting Substance Schedules: RESTRICTED SUBSTANCES

NOTE: CHARGE IS $150.00SBD PER UNIT PER SHIPMENT, PAID TO MINISTRY OF FINANCE AND TREASURY. PERMIT IS ISSUED WHEN RECEIPT IS PRESENTED. EQUIPMENT

1. Applicant Information

Company Name:		Email:
Address and Location:		
Telephone #:		Fax #:

Name of Person Authorized to Act on Behalf of Applicant :		
Address:		
Title:		Telephone #:
Fax #:		Email:

2. Equipment /Apparatus containing controlled substance

Type of Equipment/Apparatus :_____

Specify controlled substance contained in equipment _____

Country Importing From: _____

Intended Use ◯ Domestic ◯ Commercial

Quantity: _____

Total Cost: _____

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete and accurate.

Printed Name of Applicant | **Signature of Applicant** | **Date**

Office Use Only

☐ Initial Permit	☐ Existing Permit	Permit # _____
☐ Quarantine and pre-shipment Permit	☐ Medical Permit	
☐ Human Health or Safety Permit	☐ General Permit	
Name and Signature of Officer		