



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. SUBSTANCE

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. Controlled Substance (*Refer to Intended Use codes on page 4.)

A. Pure chemicals (use chemical code names)

Trade Name	Controlled Substance	Requested Quantity in Cylinders	Quantity (Kg)		Total (MT)

B. Mixtures (state chemical code names)

Trade Name	Controlled Substance	Requested Quantity in Cylinders	Quantity (Kg)		Total (MT)



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3. Equipment /Apparatus containing controlled substance

Type of Equipment/Apparatus : _____ Specify controlled substance contained in equipment _____ Country Importing From: _____	Intended Use <input type="radio"/> Domestic <input type="radio"/> Commercial Quantity: _____ Total Cost: _____
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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				
Annual Quota : _____			Year: _____	
Name of Substance	Quota Applied for	Quantity (Cylinder)	Quantity (Kg)	Total (MT)
Cost for Restricted Substance (HCFC) @\$3.00/Kg: ... _____				
Cost of Permit : \$250.00 _____				
Total Cost _____				

<input type="checkbox"/> Initial Permit	<input type="checkbox"/> Existing Permit	Permit # _____
<input type="checkbox"/> Quarantine and pre-shipment Permit	<input type="checkbox"/> Medical Permit	
<input type="checkbox"/> Human Health or Safety Permit	<input type="checkbox"/> General Permit	
Name and Signature of Officer		