



Application for status of holder of confidence in respect to a chemical listed in the Confidential Section of the Australian Inventory of Chemical Substances (AICS)

FORM AICS-3

AICS Holder of Confidence Application Form

This form is for you to apply for the status of Holder of Confidence in respect to a chemical listed on the confidential section of the AICS under section 17 of the *Industrial Chemicals (Notification and Assessment) Act 1989*.

In the case of transfer of business, documentary evidence should be attached. If space is insufficient for any item, an attachment should be completed and signed in accordance with the instructions for this form.

An application fee applies; please follow the link [New Chemicals Fees and Charges](#) on the NICNAS web page.

Please return form to: AICS Manager
NICNAS
GPO Box 58
Sydney NSW 2001

Or fax to: (02) 8577 8888

For assistance completing the form, please call (02) 8577 8800 or freecall 1800 638 528, or contact the AICS Manager by email on aics.officer@nicnas.gov.au.

Please use BLOCK LETTERS and ensure that all supporting documents and relevant fees are enclosed.

Section 1: Assessment Certificate Holder details	
Name: _____	Position: _____
Business Name: _____	ABN: _____
Business Address: _____	
Town / Suburb: _____	State: _____ Postcode: _____
<small>(If same as Business Address, state AS ABOVE)</small>	
Mailing Address: _____	
Town / Suburb: _____	State: _____ Postcode: _____
Phone: _____	Fax: _____ E-mail: _____

Section 2: Chemical details	
Chemical name: _____	
CAS Registry No.: _____	Molecular Formula: _____

Section 3: Circumstances under which this application is made	

Section 4: Payment Options

Payment of the application fee is required. Please select your payment method:

<input type="checkbox"/> <i>Electronic Funds Transfer</i>	Please quote "CONF.AICS - (your company name)" when making EFT payments.			
	Account name	Dept of Health and Ageing Official Departmental NICNAS Special Account		
	Bank	Reserve Bank of Australia London Circuit Canberra ACT 2600		
	BSB number	092-009	Account number	11608-5

<input type="checkbox"/> <i>Credit Card</i>	<input type="checkbox"/> <i>Mastercard</i> <input type="checkbox"/> <i>Visa Card</i>				
	Credit card no.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount: \$	_____		Expiry Date: _____ / _____	
	Print name:	_____			
	Authorised signature:	_____			

<input type="checkbox"/> <i>Cheque</i>	<p>Cheques are to be made payable to the National Industrial Chemicals Notification and Assessment Scheme (NICNAS).</p> <p>Please note: Any bank charges associated with your payments are not to be deducted from our set charges. Applications will not be processed until correct payment has been received in the NICNAS bank account.</p>
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Section 5: Declaration

I declare that to the best of my knowledge all the information in this application is true, correct and complete. In relation to this application and/or other documentation accompanying this application, I declare that I am entitled to use and give the Director all data in the statement.

Name: _____	Position: _____
Signature: _____	Date: _____

Note: It is an offence under the Act to supply a statement which is false or misleading.