

Application for Secondary Notification Assessment for an Existing Chemical



Australian Government
Department of Health and Ageing
NICNAS

This form is the approved form to be used by notifiers in applying for Secondary Notification Certificate pursuant to section 65 of the *Industrial Chemicals (Notification and Assessment) Act 1989*.

FORM 1a-SN

Where a joint application is made, details of all the applicants and a signed declaration from all the applicants are required. If Exempt Information is proposed, Form 3 should accompany this application.

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

Return to: Director
NICNAS
GPO Box 58, Sydney NSW 2001, Australia
Freecall: 1800 638 528 Fax (02) 8577 8888

Notifier

Business Name

Business Address

Postcode

Postal Address (*if same as Business Address, state AS ABOVE*)

Postcode

Phone ()

Fax ()

E-mail:

Technical Contact

Name

Position

Phone ()

Fax ()

E-mail:

Chemical

Chemical Name

Marketing or Other Name(s)

CAS Number (*if known*) _____ - _____ - _____

Has this chemical been notified overseas? If so by which competent authority and in what year?

Declaration

I declare that to the best of my knowledge all the information in this application is true, correct and complete. In relation to the notification statement 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.

Office use only
Date Received

NICNAS Number

Is your company a small business with less than 20 employees? (please tick): YES NO

If yes, please provide an estimate of the time taken to complete this form.

hrs mins