

**Advice on introduction of a new chemical for non-cosmetic use and introduced at 100 kg (or less) per 12-month period**



**Australian Government**  
**Department of Health and Ageing**  
**NICNAS**

**FORM 21-4a**

This form should be completed by persons intending to manufacture/import a new chemical for non-cosmetic use and not exceeding 100 kg per 12-month period under subsection 21(4) of the *Industrial Chemicals (Notification and Assessment) Act 1989*.

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

Return to: Director  
NICNAS  
GPO Box 58, Sydney NSW 2001  
Telephone (02) 8577 8800 / 1800 638 528 Fax (02) 8577 8888

**Applicant**

Business Name ABN  
Business Address Postcode  
Postal Address (if same as Business Address, state AS ABOVE) Postcode  
Phone ( ) Fax ( ) Email

**Technical Contact**

Name Position Company  
Business Address (if different to above) Postcode  
Postal Address (if same as Business Address, state AS ABOVE) Postcode  
Phone ( ) Fax ( ) Email

**Chemical**

Chemical Name  
Marketing or Other Name(s)  
CAS Number (if known) - -

Amount of the new chemical intended to be introduced under this exemption for a 12-month period

- Is the new chemical classified as *hazardous* according to the *NOHSC* Approved Criteria for Classifying Hazardous Substances?  
 Yes  No
- Will the new chemical be present in a formulated product at a concentration which causes the product to be classified as *hazardous* according to *NOHSC* Approved Criteria?  
 Yes  No
- Will the new chemical be present in a formulated product which itself is classified as *hazardous* according to the *NOHSC* Approved Criteria irrespective of the chemical?  
 Yes  No

**Note: Under the Regulations, manufacturers and importers must maintain a dossier of safety information on non-cosmetic chemicals/products which are exempt under subsection 21(4)(bii) of the Act from notification and assessment.**

State reasons why the introduction of the new chemical should **not** pose an unreasonable risk to the following:  
Attach additional documentation if insufficient room.

(i) occupational health and safety

(ii) public health

(iii) the environment

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**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.

**Is your company a small business with less than 20 employees?**    **YES**        **NO**   

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

hrs

mins

August 2004