

Application for Assessment Certificate (Limited Notification)



Australian Government
Department of Health and Ageing
NICNAS

Use this form to apply for an Assessment Certificate for a New Industrial Chemical pursuant to subsections 23(4) or 23(6) and 23(8) of the *Industrial Chemicals (Notification and Assessment) Act 1989*.

For fees see http://www.nicnas.gov.au/Industry/New_Chemicals/Fees_and_Charges.asp.

Please make cheque payable to NICNAS.

Where a joint application is made, details of all the applicants and a signed declaration from all the applicants are required.

If a variation to the Schedule requirements is proposed, Form 2 should accompany this application.

If Exempt Information is proposed, Form 3 should accompany this application.

If data is provided by a third party, either separately or accompanying the notification, Form 5 (signed by the owner of the data) should accompany the third party data.

Please complete forms and ensure that all supporting documents and relevant fees are enclosed.

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

FORM LTD-1

Notifier Details			
Business Name			
ACN / ABN		NICNAS Registration Number	
Business Address			Postcode
Postal Address (<i>if same as Business Address, state AS ABOVE</i>)			Postcode
Contact Name			
Phone ()	Fax ()	Email	
Technical Contact Details			
Business Name			
Business Address			Postcode
Postal Address (<i>if same as Business Address, state AS ABOVE</i>)			Postcode
Contact Name			
Phone ()	Fax ()	Email	
Chemical Details			
Chemical Name			
Marketing or Other Name(s)			
CAS Number (<i>if known</i>) - -			
Has this chemical been notified overseas?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so by which competent authority and in what year?			
Has this chemical been assessed, or is it currently being assessed by another Australian regulatory agency (e.g. TGA, APVMA)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 that is false or misleading.			

Payment Details				
<input type="checkbox"/> Electronic Funds Transfer	Please quote Notification number / Registration number / Invoice number when making the payment			
	Account Name	Department of Health & 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"/> Credit Card	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa			
	Credit card no.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Amount:	\$ _____	Expiry Date:	_____
	Print Name:	_____		
Authorised Signature:				
<input type="checkbox"/> Cheque	Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Cheques are to be made payable to the National Industrial Chemicals Notification and Assessment Scheme (NICNAS) in \$AUD.			
Please note: If payment is being made from an overseas bank, all bank charges/fees are payable by the payee. Applications will not be processed until correct payment has been received.				

Attachment 1 - Application for reduction in assessment fees

Notifiers should complete this attachment to apply for a reduction in assessment fees pursuant to Regulations 15(5), 15 (6), 15 (7) and 15(8) of the *Industrial Chemicals (Notification and Assessment) Act 1989 (the Act)* or when making an application under section 44 of the Act . See Section II of the Handbook for Notifiers for more information regarding the circumstances under which a reduction in fees is applicable.

Please note that this attachment relates solely to the application for a reduction in fees. Completion of this attachment does not fulfil the notification requirements for a LTD notification

Please indicate which of the following circumstances you are applying for a reduction in assessment fees.

Please note only one option can be selected :

		Fee
<input type="checkbox"/>	The chemical is similar to a chemical which has been previously assessed by NICNAS. Complete part A	Limited Assessment Application Entry Fee*
<input type="checkbox"/>	The chemical (secondary chemical) is being notified at the same time as a similar chemical (primary chemical) and for a similar use. (Note this attachment only needs to be completed for secondary chemicals). Complete part A (except A1 and A4)	Modular – Secondary Chemical Fee
<input type="checkbox"/>	Provision of an assessment report compiled by Environment Canada and Health Canada under the <i>New Substances Notification Regulations (Chemicals and Polymers)</i> of the <i>Canadian Environmental Protection Act, 1999</i> . Complete part B	Limited Assessment Application Entry Fee*
<input type="checkbox"/>	Provision of an assessment report by a chemicals notification and assessment scheme operating in a member country of the European Union or the Organisation for Economic Co-operation and Development (other than Canada). Complete part C	Limited Assessment Application Entry Fee*
<input type="checkbox"/>	Provision of an electronic copy of a draft assessment report using the NICNAS electronic template	Limited Assessment Fee (full fee)*

*The application should be accompanied by payment of the appropriate 'fee' (see http://www.nicnas.gov.au/Industry/New_Chemicals/Fees_and_Charges.asp). The appropriate reduction in fee will be determined based on the information that is included in the original assessment/draft assessment report and the amount of work required by NICNAS. With the exception of provision of an electronic copy of a draft assessment report using the NICNAS electronic template the amount payable will be advised in the screening letter. In the case of the electronic template the fee rebate is decided at the end of the assessment process.

Part A

A1 Previous assessment information

Assessment reference e.g. LTD/XXXX for the previously assessed chemical:

Business name and ABN of original notifier:

Business name and ABN of owner of data (if different to above):

Consent on company letterhead included from the original notifier/owner of data to use the original assessment report for the purposes of this NICNAS assessment:

Yes

Same notifier

Is any other information for example, toxicity test data, environmental test data about the previously assessed chemical that was not provided for the original NICNAS assessment available.(provide list below or as a separate attachment):

Yes (provide list below or as a separate attachment)

No

List of available data:

A2 Justification of criteria for similar chemical(for polymers complete A3)

The information provided in this section should demonstrate that the notified chemical or substituted polymer constituent meets the criteria for similar chemical. These criteria are set out in Section II of the Handbook for Notifiers. Please note that other information is also required to be submitted as part of the notification (see Section II of the Handbook for Notifiers for more information).

Chemical Name for originally assessed chemical/primary chemical (or original polymer constituent):

Describe the differences in the structure between the notified chemical (or substituted polymer constituent) and originally assessed chemical/primary chemical (or original polymer constituent). Identify the functional groups that play a key role:

Comment on whether the difference in structure/substructure is known to affect the toxicity profile of the chemical:

Complete the following (for cases where the primary and secondary chemicals are introduced as an inseparable mixture write 'inseparable mixture':

	Notified chemical/secondary chemical (or substituted polymer constituent)	Originally assessed chemical/primary chemical (or original polymer constituent)
Molecular Weight		
Log Pow		
Acute oral toxicity (where available)		
Aquatic toxicity (where available, specify relevant species)		

A3 Justification of criteria for similar polymer

The information provided in this section should demonstrate that the notified chemical meets the criteria for similar chemical. These criteria are set out in Section II of the Handbook for Notifiers. Please note that other information is required to be submitted as part of the notification (see Section II of the Handbook for Notifiers for more information).

Chemical Name for originally assessed polymer/primary polymer:

Complete the following (for cases where the primary and secondary chemicals are introduced as an inseparable mixture write 'inseparable mixture':

	Notified polymer/secondary polymer	Originally assessed polymer/primary polymer
Water Solubility		

Indicate which of the following situations in comparison with the originally assessed polymer/primary polymer applies for notified polymer/secondary polymer:

Polymer contains one polymer constituent less.

Polymer contains a polymer constituent which is similar to a polymer constituent in the originally assessed polymer/primary polymer (all other polymer constituents must be the same).

Polymer is structurally identical.

Provide a comparison the substituted polymer constituent in section A2 above

Information to support structural identity should be included as part of the submission

A4 Similar Use

Are you applying for an additional reduction in fees due to the notified chemical having a similar use to the originally assessed chemical. (The criteria for similar use are set out in the Section II of the Handbook for Notifiers.):

Yes

No

Part B Canadian Assessment information

Assessment references e.g. NSN XXX for the Canadian assessment

Date of Canadian assessment (if known)

Schedule under which the chemical was assessed in Canada

Business name for Canadian notifier

Trade name for chemical in Canada

Date authorisation request sent to Environment Canada permitting the sharing of assessment reports. (Note the pro-forma letter should be forwarded to Environment Canada at least 60 calendar days before the notification to NICNAS is made and a copy of this letter included as part of the submission).

Is any other information for example, toxicity test data, environmental test data that was not provided for the original Canadian assessment available (provide list below or as a separate attachment)

Yes (provide list below or as a separate attachment)

No

List of available data:

Part C Overseas Assessment (other than Canada) Information

Overseas authority under which the chemical has been assessed

Date of overseas assessment

Business name for overseas notifier

Trade name for chemical in overseas assessment

Letter of validation from the overseas authority that the report is the full and final report issued for that chemical included as part of submission.

Yes

Is any other information for example, toxicity test data, environmental test data about the chemical that has been previously assessed that was not provided for the original assessment available.

Yes (provide list below or as a separate attachment)

No

List of available data:
