

Application for Assessment Certificate (Standard Notification)



Australian Government
Department of Health and Ageing
NICNAS

FORM STD-1

Use this form to apply for an Assessment Certificate for a New Industrial Chemical pursuant to subsections 23(5) or 23(6) and 23(7) 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

Notifier Details

Business Name

ACN / ABN

NICNAS Registration Number

Business Address

Postcode

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

Postcode

Contact Name

Phone ()

Fax ()

Email

Technical Contact Details

Business Name

Business Address

Postcode

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

Postcode

Contact Name

Phone ()

Fax ()

Email

Chemical Details

Chemical Name

Marketing or Other Name(s)

CAS Number (*if known*)

- -

Has this chemical been notified overseas?

Yes

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)?

Yes

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
<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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.		
<p>Please note: If payment is being made from an overseas bank, all bank charges/fees are payable by the payee.</p> <p>Applications will not be processed until correct payment has been received.</p>			