

## Application for Secondary Notification



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 SN-1**

For fees see [http://www.nicnas.gov.au/Industry/New\\_Chemicals/Fees\\_and\\_Charges.asp](http://www.nicnas.gov.au/Industry/New_Chemicals/Fees_and_Charges.asp).

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. 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 (postal address) or  
Level 7, 260 Elizabeth Street, Sydney NSW 2010 (courier address)  
Telephone (02) 8577 8800 / 1800 638 528 Fax (02) 8577 8888

Should you have difficulties completing this form, require further information or to provide feedback on this form, please contact the New Chemicals Program by e-mail at [newchemicals@nicnas.gov.au](mailto:newchemicals@nicnas.gov.au) or on the above details, or visit <http://www.nicnas.gov.au>.

### 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:

Position:

Phone:

Fax:

E-mail:

### Technical Contact Details

*The technical contact is the primary contact for NICNAS and unless indicated otherwise is normally the sole contact for NICNAS with regards to requests for additional information and the giving of the assessment certificate if the contact is in Australia.*

Business Name:

Business Address:

Postcode:

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

Postcode:

Contact Name:

Position:

Phone:

Fax:

E-mail:

I/We, the Notifier (Applicant), authorise the technical contact to act on my/our behalf in all matters pertaining to my/our application for an assessment certificate (Note: this authorisation to act can be amended or cancelled at any time by notifying NICNAS in writing)

Yes

No

Should correspondence between NICNAS and the technical contact be electronic where possible? Note permits/certificates will be delivered to the contact via courier.

Yes

No

## Chemical Details

Chemical Name:

Marketing or Other Name(s):

CAS Number (if known):

NICNAS assessment number (e.g. STD/XXXX):

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

If yes, provide details:

Is the chemical an industrial nanomaterial under the NICNAS definition?

Yes

No

(Note: for the working definition please consult the document, *Guidance on New Chemical Requirements for Notification of Industrial Nanomaterials*, available from [http://www.nicnas.gov.au/Current\\_Issues/Nanotechnology.asp](http://www.nicnas.gov.au/Current_Issues/Nanotechnology.asp))

Unsure<sup>#</sup>

If yes or unsure, is the chemical introduced as a solid/powder or as a dispersion? (Note: if the answer to this question is yes, please consult the above nanomaterial guidance document as additional data requirements may apply).

Yes

No

<sup>#</sup>Please note that by checking this box, the chemical may be assumed to be an industrial nanomaterial for risk assessment purposes.

## 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	<b>Please quote Notification number / Registration number / Invoice number when making the payment</b>			
	<b>Account Name</b>	Department of Health & Ageing Official Departmental NICNAS Special Account		
	<b>Bank</b>	Reserve Bank of Australia, London Circuit, Canberra ACT 2600		
	<b>BSB Number</b>	092-009	<b>Account Number</b>	11608-5
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa			
	<b>Credit card no.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Amount:</b>	\$ _____	<b>Expiry Date:</b>	_____
	<b>Print Name:</b>	_____		
	<b>Authorised Signature:</b> _____			
<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.			
<b>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.</b>				