



Request for early listing on the non-confidential section of the
Australian Inventory of Chemical Substances (AICS)

FORM AICS-2

AICS Early Listing Application Form

Background & Instructions

Under section 13B of the *Industrial Chemicals (Notification and Assessment) Act 1989*, holders of a NICNAS assessment certificate in respect of an industrial chemical may apply to the Director for the chemical to be listed in the non-confidential section of the AICS at any time during the 5 year period from the date of the certificate. This means that:

- An assessment certificate (other than an extension of an original certificate) for an industrial chemical is in force; and
- The period of 5 years from the giving of the certificate has not yet ended; and
- The holder or each holder of the certificate applies in the approved form to the Director for the inclusion of the chemical in the non-confidential section of the AICS.

Please note that it is the responsibility of the applicant to provide a CAS number and CAS approved chemical name. Details on how to obtain a CAS number are available in the NICNAS Handbook for Notifiers.

Please note an application fee is **only** required for AICS Early Listing Applications made after 28 days of the date of the assessment certificate. **Please follow the link [New Chemicals Fees and Charges](#) on the NICNAS web page**

Joint notifications

For joint notification each holder of an assessment certificate has to complete a separate form, however only a single fee is required to be paid.

Please return form to: AICS Manager
NICNAS
GPO Box 58
Sydney NSW 2001

Or fax to: (02) 8577 8888

For assistance completing the form, please call (02) 8577 8800 or freecall 1800 638 528, or contact the AICS Manager by email on aics.officer@nicnas.gov.au.

| Section 1: Assessment Certificate Holder details | |
|--|------------------------------|
| Name: _____ | Position: _____ |
| Business Name: _____ | ABN: _____ |
| Business Address: _____ | |
| Town / Suburb: _____ | State: _____ Postcode: _____ |
| <small>(If same as Business Address, state AS ABOVE)</small> | |
| Mailing Address: _____ | |
| Town / Suburb: _____ | State: _____ Postcode: _____ |
| Phone: _____ | Fax: _____ E-mail: _____ |

| Section 2: Chemical details | |
|------------------------------|----------------------------|
| NICNAS Assessment No.: _____ | Date of Certificate: _____ |
| Chemical name: _____ | |
| | |
| CAS Registry No.: _____ | Molecular Formula: _____ |

Section 3: Payment Options

Payment of the application fee is **only** required for applications made after 28 days of the date of the assessment certificate. Please select your payment method:

| | | | |
|---|--|---|----------------|
| <input type="checkbox"/> <i>Electronic Funds Transfer</i> | Please quote "AICS - (your company name)" when making EFT payments. | | |
| | Account name | Dept of Health and 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"/> <i>Credit Card</i> | <input type="checkbox"/> <i>Mastercard</i> <input type="checkbox"/> <i>Visa Card</i> |
| | 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"/> |
| | Amount: \$ _____ Expiry Date: _____ / _____ |
| | Print name: _____ |
| | Authorised signature: _____ |

| | |
|--|--|
| <input type="checkbox"/> <i>Cheque</i> | <p>Cheques are to be made payable to the National Industrial Chemicals Notification and Assessment Scheme (NICNAS).</p> <p>Please note: Any bank charges associated with your payments are not to be deducted from our set charges. Applications will not be processed until correct payment has been received in the NICNAS bank account.</p> |
|--|--|

Section 4: Declaration

I declare that to the best of my knowledge all the information in this application is true, correct and complete. In relation to this application and/or other documentation accompanying this application, I declare that I am entitled to use and give the Director all data in the statement as the holder of a NICNAS assessment certificate for the above chemical.

| | |
|------------------|-----------------|
| Name: _____ | Position: _____ |
| Signature: _____ | Date: _____ |

Note: It is an offence under the Act to supply a statement which is false or misleading.