

Application for Exempt Information



Australian Government
Department of Health and Ageing
NICNAS

This form is lodged with Form 1 (Application for Assessment Certificate or Permit for a New Industrial Chemical) or Form 1-PEC (Priority Existing Chemical) or a call for information under the ICNA Act. It is used to request under sections 21P, 21ZB, 25, 29, 30B, 40D, 42, 45, 60, 66 and 89 of the *Industrial Chemicals (Notification and Assessment) Act 1989* that supplied information be treated as exempt information under section 75 of the Act.

FORM 3

Fee of \$657 is required. Please make cheque payable to NICNAS.

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

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

Business Name ABN

Business Address Postcode

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

Contact Name

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

Business Name of Notifier (*if not applicant – PEC use only*)

Chemical

Chemical Name

Marketing or Other Name(s)

CAS Number (*if known*) - -

Is any information to be held confidential from the notifier? YES (please complete Form 5) NO

Proposed Exempt Information

Please include full details of each claim for exempt information with justification for each claim. If space is insufficient, an attachment sheet should be completed and signed in accordance with the instructions for this form.

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.

Payment Advice

Please indicate method of payment

Electronic Funds Transfer

Payment Date:

Reserve Bank of Australia
London Circuit
Canberra ACT 2600

BSB Number: 092-009
Account Number: 11608-5
Account Name: Dept of Health & Ageing Official Departmental
Receipts and Payments NICNAS Special Account

Please quote your Notification number / Registration number / Invoice number when making the payment. If payment is being made from an overseas bank, all bank charges/fees in getting exact \$AUD to NICNAS is payable by the payee.

Please Fax Remittance Confirmation to NICNAS on (02) 8577 8888.

Cheque

Enclosed Yes

No (Application will be pending until payment received)

Cheques are to be made payable to NICNAS in \$AUD. Payments are to be mailed to:

NICNAS
GPO Box 58
SYDNEY NSW 2001
AUSTRALIA

Credit Card

Mastercard

Visa

Credit Card Number:

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Expiry Date:

Amount:

Authorised Signature

Print Name