



Application for Variation of Report

This form is used for variations to the content of the report issued pursuant to section 60E of the *Industrial Chemicals (Notification and Assessment) Act* 1989 as amended.

FORM 4a

Please complete in BLOCK LETTERS and ensure that all supporting documents are enclosed.

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

Applicant

Business Name

Business Address

Postcode

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

Postcode

Phone ()

Fax ()

E-mail

Technical Contact

Name

Position

Phone ()

Fax ()

E-mail

Chemical

Chemical Name

Description/Justification

- I attach a description of all proposed Variations
- I attach a justification for all proposed Variations

Declaration

I declare that to the best of my knowledge all the information in this Application is true, correct and complete. I declare that I am entitled to use and give the Director all data in the application.

Name

Position

Signature

Date / /

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

Office Use Only

Date Received

Is your company a small business with less than 20 employees? YES NO

If yes, please provide an estimate of the time taken to complete this form:

hrs mins