

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). 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

For fees see http://www.nicnas.gov.au/Industry/New_Chemicals/Fees_and_Charges.asp.

Please complete form 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

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

Business Name:

Business Address:

Postcode:

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

Postcode:

Contact Name:

Position:

Phone:

Fax:

E-mail:

Chemical Details

Chemical Name:

Marketing or Other Name(s):

CAS Number (*if known*):

Is any information to be held confidential from the notifier? Yes No If yes, please complete form 5

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 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	11608-5

<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"/>
	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.		

**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.**