

Application for Variation of Assessment Report



Australian Government
Department of Health and Ageing
NICNAS

FORM 4

This form is used for variations to the content of reports issued pursuant to section 37 or 40 of the *Industrial Chemicals (Notification and Assessment) Act 1989*.

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*):

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

Type of Variation

to the Assessment Report

to the Public Report

to the Summary Report (if applicable)

Note

Attach a description of all proposed Variations

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. 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

<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"/>	<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.