

Application for Low Volume Chemical Permit Renewal



Australian Government
Department of Health and Ageing
NICNAS

Use this form if applying for a renewal of a Low Volume Chemical Permit (up to 100 kg/year) pursuant to section 21R of the *Industrial Chemicals (Notification and Assessment) Act 1989*.

FORM LVC-1R

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

NOTE: APPLICATIONS FOR RENEWAL OF AN LVC PERMIT MUST BE LODGED NO EARLIER THAN THREE MONTHS AND NO LATER THAN TWO WEEKS BEFORE THE CURRENT PERMIT EXPIRES.

Where a joint application is made, details of all the applicants and a signed declaration from all the applicants are required. If Exempt Information is proposed, Form 3 should accompany this application. If data is provided by a third party, either separately or accompanying the notification, Form 5 (signed by the owner of the data) should accompany the third party data.

Please complete this form and ensure that all supporting documents and relevant fees are enclosed.

Return to: Director
NICNAS
GPO Box 58, Sydney NSW 2001 (postal address) or
Level 7, 260 Elizabeth Street, Sydney NSW 2010 (courier address)
Telephone (02) 8577 8800 / 1800 638 528 Fax (02) 8577 8888

Should you have difficulties completing this form, require further information or to provide feedback on this form, please contact the New Chemicals Program on the above contact details, or visit <http://www.nicnas.gov.au>.

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

The technical contact is the primary contact for NICNAS and unless indicated otherwise is normally the sole contact for NICNAS with regards to requests for additional information and the giving of the permit if the contact is in Australia.

Business Name:

Business Address:

Postcode:

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

Postcode:

Contact Name:

Position:

Phone:

Fax:

E-mail:

I/We, the Notifier (Applicant), authorise the technical contact to act on my/our behalf in all matters pertaining to my/our application for a permit (Note: this authorisation to act can be amended or cancelled at any time by notifying NICNAS in writing)

Yes

No

Should correspondence between NICNAS and the technical contact be electronic where possible? Note permits will be delivered to the contact via courier.

Yes

No

Chemical Details

Chemical Name:

Marketing or Other Name(s):

CAS Number (if known):

Is the chemical an industrial nanomaterial under the NICNAS definition?

Yes

No

(Note: for the working definition please consult the document, *Guidance on New Chemical Requirements for Notification of Industrial Nanomaterials*, available from http://www.nicnas.gov.au/Current_Issues/Nanotechnology.asp)

Unsure[#]

If yes or unsure, is the chemical introduced as a solid/powder or as a dispersion? (Note: if the answer to this question is yes, please consult the above nanomaterial guidance document as additional data requirements may apply).

Yes

No

[#]Please note that by checking this box, the chemical may be assumed to be an industrial nanomaterial for risk assessment purposes.

Details of Current Permit

NICNAS Number: LVC/

Permit Number:

Proposed Use Information

Introduction Volume:

Proposed Duration of Permit:

Justification of Proposed Volume and Duration

Mode of Introduction:

Justification for an application to renew a Low Volume Permit (Are the criteria for LVC renewal in section 21R of the Act met?)

Section 1

- Has the proposed use or function of the notified chemical changed from the previous notification?
 Yes No
- Is there a proposed increase in the amount of chemical to be introduced from the previous notification?
 Yes No
- Is there a proposed change in the mode of introduction i.e. import to manufacture from the previous notification?
 Yes No
- Is there a change in the manufacturing process from the previous notification?
 Yes No

Note: If Yes, Please complete section 2A and Section 3

- Has any additional information become available as to any adverse effects of the chemical on occupational health and safety, public health or the environment since the previous notification?
 Yes No

Note: If Yes, Please complete section 2B and Section 3

- Were any of the conditions of the current permit not complied with during the period of the permit?
 Yes No
- Have the annual reporting requirements been met during the period of the permit?
 Yes No

Section 2A

Details of manufacturing process (attach documents if required)

Section 2B

Details of additional information (attach documents if required)

Section 3

State reasons why the change of manufacturing process or additional information regarding the adverse effects of the new chemical should **not** pose an increased risk to the following:

- (i) occupational health and safety

- (ii) public health

- (iii) the environment

Section 4

- Do you want to declare any information as exempt?
 Yes No

Note: If No, please proceed to the Declaration.

- In the original LVC notification was a Form 3-Exempt Information lodged?
 Yes No

Note: If No, you need to complete a Form 3- Exempt Information for the renewal application and pay the relevant fee.

- Do you wish to claim additional exempt information to that on the Form 3 submitted with the original notification?
 Yes No

Note: a) If YES, you need to complete a Form 3- Exempt Information for the renewal application pay the relevant fee.

b) If NO, you do not need to complete a Form 3 for the renewal application.

Section 5

A copy of the previous LVC permit and the latest chemical/product MSDS should be attached to this application. The MSDS should be consistent with the NOHSC *National Code of Practice for the Preparation of Material Safety Data Sheets*.

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 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"/>	<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.					