

CHEMICAL CONTROL ORDER REGISTRATION FORM

(Please Type or Print Answers)

1. **Name of Applicant/Company :** _____

2. **Category of Applicant :** (Check one or more categories, as appropriate)

- importer
- distributor
- user
- transporter of chemical
- waste transporter
- waste treater
- waste disposer

3. **Type of chemical(s) CAS No. and chemical compound (s) to be handled and the corresponding Chemical Abstract Service (CAS) No.**

4. **Business Address:**

Storage Facility /Plant Address (if different from the above)

5. **Telephone No. :** _____
Facsimile No. : _____
E-mail address : _____

6. **Contact Person :** _____
Designation : _____

7. **Business Permit No. Validity Date Region/City**

SEC Registration No. Validity Date Region/City

8. Annual Chemical(s) Requirement (kg or MT) _____

9. Status of Compliance to Environmental Permit

| | Date of issuance/ validity date | Region/City |
|--------------------------|------------------------------------|-------------|
| ECC No. _____ | _____ | _____ |
| Permit to Operate Number | | |
| air _____ | _____ | _____ |
| water _____ | _____ | _____ |

10. Attachments (Please attach a photocopy of the following)

Business Permit
SEC Registration
Chemical Management Plan
Copy of Environmental Permits

11. Certification:

I certify that the data and information hereto stated in this form and attachments are true and correct. I understand that any false or misleading statements may result in permanent denial of my/my company's application or cancellation of my/my company's registration.

Date of application : _____
Signature of Authorized Person : _____
Printed Name : _____
Title/Designation : _____

DO NOT WRITE IN THIS SPACE

Chemical(s) Applied For : _____
Endorsement and Inspection Report Date: _____
Information checked by : _____
Fee : _____ Official Receipt No. _____
First Verification Date : _____
Second Verification Date : _____

“CCO QUARTERLY REPORT FORM”

(Please Type or Print Answers)

For the period _____,20____.”

1. Name of Company:

2. Business Address:

Telephone No.: _____ Fax No.: _____

Storage Facility Address : _____

Telephone No.: _____ Fax No.: _____

3. License Number : _____ Sector Code: _____

4. CHEMICAL SPECIFIC INFORMATION: (Please attach 16-Section MSDS Format)

(a) “Common Name/ IUPAC/CAS Index Name : _____.”

(b) Cas No. _____

(c) Trade Name : _____

“ For Importers”

| Requested | Import Clearance Number | Date of Arrival | Quantity* Received | Shipping Vessel | Country of Origin | Country of Manufacture |
|-----------|-------------------------|-----------------|--------------------|-----------------|-------------------|------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

*attach Bill of Lading

“ For Transporters”

(d) Total Quantity Transported: _____

Date of Transport : _____
Quantity Transported : _____
Source of material/address : _____
Destination : _____

Date of Transport : _____
Quantity Transported : _____
Source of material/address : _____
Destination : _____

“For Distributors”

(e) Total quantity Distributed : _____

Name of client : _____
License No. : _____
Quantity : _____
Date of Distribution : _____

Name of transporter : _____
License No. : _____
Date of Transport : _____

Name of Client : _____
License No. : _____
Quantity : _____
Date of Distribution : _____

Name of transporter : _____
License No. : _____
Date of Transport : _____

Name of client : _____
License No. : _____
Quantity : _____
Date of Distribution : _____

Name of transporter : _____
License No. : _____
Date of Transport : _____

“For Non-importer Users and Non-importer Distributors”

(f) Total quantity purchased from distributors: _____

Name of distributor : _____
License No. : _____
Quantity : _____
Date of Purchase : _____

Name of Transporter: _____
License Number : _____
Date of Transport : _____

Name of Distributor : _____
License Number : _____
Quantity : _____
Date of Purchase : _____

Name of Transporter : _____
License Number : _____
Date of Transport : _____

“For users and manufacturers”

5. Use and Production :

Total Production Quantity : _____
Quantity Used : _____

(a) enclosed process : _____ (kgs)
(b) controlled release process : _____ (kgs)
(c) Open process : _____ (kgs)

6. Quantity of waste chemical generated : _____

7. Quantity of stock inventory : _____

8. Chemical Handling Information

Hazardous wastes Registration No.: _____

Hazardous wastes Quarterly Report : Date Submitted _____ Region _____

Manner of handling hazardous wastes

- Storage on-site
- Treatment on-site
- Treatment/Disposal off-site

9. Chemical Use Reduction Plan :

(attach appropriate information)

- Pollution Prevention Plan
- Chemical Substitute Plan

10. Certification:

“ The undersigned certify that the information provided in this form is true and accurate.”

Printed Name: _____

Signature: _____

Designation/Position: _____

Date: _____