



APPLICATION FOR A PERMIT (FORM P-1) UNDER THE CHEMICAL WEAPONS (CONVENTION) ORDINANCE (CAP. 578)

Part A : DETAILS OF THE FACILITY (Guideline 4)

1. Application type (see Requirement for a Permit)
(please mark 'X') :

First application Renewal application, the Permit no. is _____

2. Facility name (Note 1)	English :	
	Chinese :	

3. Address :	6. Name of the owner, company or enterprise operating the Facility :
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4. Business Registration no. (if other registration no(s) are provided, please specify) :	(Please mark 'X' in one of the following and provide details for (6) above): <input type="checkbox"/> HKID no. <input type="checkbox"/> Passport no. <input type="checkbox"/> BR no.: _____ <input type="checkbox"/> other relevant registration no. (please specify) :
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5. Operator (Note 2)	Name :		7. Telephone no. :
	Position/ Post title :		8. Fax no. :
	HKID/ Passport no. :		9. Date of establishment :

10. Total number of plants (Note 1) : _____ No. of Schedule 1 plants : _____ No. of Schedule 2 plants : _____ No. of Schedule 3 plants : _____	11. Name of each plant and their corresponding addresses (Guideline 5 and use additional Form P-1 if necessary)		
	Plant 1		
	This plant handles <input type="checkbox"/> Schedule 1 <input type="checkbox"/> Schedule 2 <input type="checkbox"/> Schedule 3 chemicals (Please mark 'X' in one of the above boxes and provide plant details below. Please also provide chemical details in Part B.)		
	Name	English	
		Chinese	
	Address		
	Plant 2		
	This plant handles <input type="checkbox"/> Schedule 1 <input type="checkbox"/> Schedule 2 <input type="checkbox"/> Schedule 3 chemicals (Please mark 'X' in one of the above boxes and provide plant details below. Please also provide chemical details in Part B.)		
	Name	English	
		Chinese	
Address			

Part B : DETAILS OF CHEMICALS HANDLED BY THE FACILITY (Guideline 6 and use additional Form P-1 if necessary)

Item 1	<p>1. IUPAC chemical name (Note 3) : _____</p> <p>2. Common name or trade name of the above chemical, if any : _____</p> <p>3. Structural formula : _____</p> <p>4. CAS registry no. (Note 4) : _____</p> <p>5. Activities (please mark 'X' if applicable) (Note 5) :</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Production <input type="checkbox"/> Processing <input type="checkbox"/> Consumption <input type="checkbox"/> Storage <input type="checkbox"/> Import <input type="checkbox"/> Export <input type="checkbox"/> Research & development <input type="checkbox"/> Acquisition <input type="checkbox"/> Retention <input type="checkbox"/> Usage <input type="checkbox"/> Re-packaging, distribution <input type="checkbox"/> Local transfer <input type="checkbox"/> Other (please specify): _____ </p> <p>6. Purposes of carrying out the activities in (5) above (please mark 'X' if applicable) [see Conditions of Permit (1)] :</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Medical <input type="checkbox"/> Research <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Protective <input type="checkbox"/> Waste disposal <input type="checkbox"/> Sale or transfer locally <input type="checkbox"/> Direct export <input type="checkbox"/> Production of other Schedule 1 chemicals <input type="checkbox"/> Other (please specify): _____ </p>
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Part B : DETAILS OF CHEMICALS HANDLED BY THE FACILITY (Guideline 6 and use additional Form P-1 if necessary)

Item 2	<p>1. IUPAC chemical name (Note 3) : _____</p> <p>2. Common name or trade name of the above chemical, if any : _____</p> <p>3. Structural formula : _____</p> <p>4. CAS registry no. (Note 4) : _____</p> <p>5. Activities (please mark 'X' if applicable) (Note 5) :</p> <p> <input type="checkbox"/> Production <input type="checkbox"/> Processing <input type="checkbox"/> Consumption <input type="checkbox"/> Storage <input type="checkbox"/> Import <input type="checkbox"/> Export <input type="checkbox"/> Research & development <input type="checkbox"/> Acquisition <input type="checkbox"/> Retention <input type="checkbox"/> Usage <input type="checkbox"/> Re-packaging, distribution <input type="checkbox"/> Local transfer <input type="checkbox"/> Other (please specify): _____ </p> <p>6. Purposes of carrying out the activities in (5) above (please mark 'X' if applicable) [see Conditions of Permit (1)] :</p> <p> <input type="checkbox"/> Medical <input type="checkbox"/> Research <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Protective <input type="checkbox"/> Waste disposal <input type="checkbox"/> Sale or transfer locally <input type="checkbox"/> Direct export <input type="checkbox"/> Production of other Schedule 1 chemicals <input type="checkbox"/> Other (please specify): _____ </p>
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Part C : SUPPORTING DOCUMENTS (Guideline 7)

Please mark 'X' if applicable and ensure that the documents are submitted together with the application:

one copy of the Business Registration Certification or other valid certificate(s) issued by government authorities as declared in Part A.4 above.

one copy of Form S1 [Detailed technical description of the facility named in Part A.2 above or its relevant part(s)]. Form S1 is required only if the facility produced or is anticipated to produce Schedule 1 chemicals [see Conditions of Permit (2)].

total number of _____ pages (including this page) of Form P-1 are submitted.

Part D : UNDERTAKING MADE BY THE APPLICANT

I, the undersigned, hereby declare that all the particulars contained in this form and in all documents submitted including those indicated in Part C above, are true and correct to the best of my knowledge and belief. I undertake to inform Trade and Industry Department immediately in writing of any change of particulars stated in this form. If the changes are related to Schedule 1 chemical(s), I undertake to inform Trade and Industry Department in writing in not less than 220 days before the changes are to take place. I also declare that, in making this application, I fully understand that Trade and Industry Department at all times reserves the right to release information including particulars contained in this form and the relevant supporting documents to third parties in accordance with Section 28(2) of the Chemical Weapons (Convention) Ordinance (Cap. 578).

I acknowledge that I have read and understood all the conditions for this permit application and agree to abide by those conditions. I also acknowledge that Trade and Industry Department reserves the right to take administrative actions against the facility contained in this application in the event that any conditions of permit related to this application or other relevant documents and circulars issued by Trade and Industry Department from time to time, are not fulfilled. These administrative actions may result in immediate suspension/cancellation of the permit granted to the facility. In addition, I understand that breach of any such conditions constitutes an offence under the Chemical Weapons (Convention) Ordinance (Cap. 578) for which the parties concerned may be liable to penalties specified in the Ordinance.

Authorized signature for and on behalf of the operator named in Part A.5 of this form : _____

Company/Organization chop : _____

Date : _____

For Official Use Only

Date of Receipt:		Remarks:	
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