Application Form

Application to Discharge a Controlled Extinguishing Agent

I (name)

of:

(company)

(address)

hereby apply to the Fire Protection Industry (ODS&SGG) Board and submit our request to discharge an extinguishing agent controlled under the *Ozone Protection and Synthetic Greenhouse Gas Management Act 1989*.

Intended Date of Discharge of Extinguishing Agent: / /

Location where discharge is to occur:

Type of Extinguishing Agent:

Amount (net weight in kilograms):

Reason why discharge is considered necessary:

Personnel involved (titles are more important than actual names):

Other relevant information: _____

I certify, to the best of my knowledge, that the information provided is true and correct.

Name

Position

Signature

Date / /

Return this Application Form to:

Executive Officer
Fire Protection Industry (ODS & SGG) Board
PO Box 1049, Box hill Vic 3128
T 03 8892 3131
F 03 8892 3132
E ozone@fpib.com.au

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