



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 (by weight) _____

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 T 03 8892 3131
 PO Box 1049, F 03 8892 3132
 Box Hill Vic 3128 E ozone@fpib.com.au