

	<b>APPLICATION FOR REGISTRATION TO DEAL WITH SCHEDULED CHEMICALS</b>	Official use only
Declared year  ---- / ---- / ---- DD MM YY	National Authority for Implementation of the Chemical Weapons Convention (CWC) in Sri Lanka Ministry of Industrial Development No. 73/1 Galle Road, Colombo 03  Tel : 011 2327807      Fax : 011 2332443      E-mail : nacwc@industry.gov.lk	/      /

**PART A : COMPANY DETAILS**

Name of company / organization :

Company address

Number :

Street :

City :

Tel :

Fax :

E-mail :

Name of applicant : ( Mr / Mrs / Miss )

Tel :

Fax :

E-mail :

In what capacity application is made :

Citizenship (please indicate accordingly)

 Sri Lankan     PR     Others (please specify nationality)

NIC No. / Passport No.

Other office bearer's name

Designation

Contact details

1

2

Please indicate the box (es) accordingly for the activity (ies) the company is involved in

? Production      ? Processing      ? Consumption      ? Sale / Transfer

? Import      ? Export

- I have read and understood the requirements attached to the registration in respect of the above mentioned activities relating to Chemicals in Schedule I,II or III or Unscheduled Discrete Organic Chemicals(DOC).
- I shall submit all declarations pertaining to the Scheduled Chemicals or Unscheduled DOCs in respect of which this is effected to the Director of National Authority (Chemical Weapons Convention) annually or periodically at such intervals and on ad hoc basis as deemed necessary
- I shall notify the National Authority (CWC) of any change in the activities of those chemical(s) or plant site(s);
- I hereby declare that all information furnished in this application is true and correct.

.....  
Signature of applicant.....  
Date.....  
Company stamp**FOR OFFICIAL USE ONLY**

Checked by

Total number of pages received

Date received

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(DD / MM / YY)

Chemical		
<input type="checkbox"/> Production <input type="checkbox"/> Processing <input type="checkbox"/> Consumption <input type="checkbox"/> Sale / Transfer <input type="checkbox"/> Import <input type="checkbox"/> Export		
<b>Schedule I</b> <input type="checkbox"/> <b>Schedule II</b> <input type="checkbox"/> <b>Schedule III</b> <input type="checkbox"/>	IUPAC Nomenclature	
Chemical Structure	Common Trade Names	
	CAS Registry No	HS Code

Chemical		
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<b>Schedule I</b> <input type="checkbox"/> <b>Schedule III</b> <input type="checkbox"/> <b>Schedule III</b> <input type="checkbox"/>	IUPAC Nomenclature	
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Chemical		
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<b>Schedule I</b> <input type="checkbox"/> <b>Schedule II</b> <input type="checkbox"/> <b>Schedule III</b> <input type="checkbox"/>	IUPAC Nomenclature	
Chemical Structure	Common Trade Names	
	CAS Registry No	HS Code

<b>Name of Plant Site :</b>
Name of the owner, company or enterprise operating the plant site
Address of the Plant Site Street address : City / District :
How many Scheduled Chemicals and Discrete Organic Chemicals (DOCs) does this plant site produce, process or consume? i. Schedule I .....      ii. Schedule II .....      iii. Schedule III .....      iv. DOCs .....

Scheduled Chemicals				
	IUPAC Nomenclature (Chemical Name)	Schedule No	Activity	Maximum Capacity
1				
2				
3				
4				
5				

Unscheduled Discrete Organic Chemicals(DOCs) ( <b>Production details only</b> )		
	IUPAC Nomenclature (Chemical Name)	Maximum <b>Production</b> Capacity
1		
2		
3		
4		
5		

Please provide the following as attachments, for the detailed technical description of the facility or its relevant and identify information attached;
1. A brief description of the plant technological processes (including, for example, simplified process flow diagrams ) :
<input type="checkbox"/> No <input type="checkbox"/> Yes, this is attached as annex ..... (.....pages)
2. A layout of the plant site and plants
<input type="checkbox"/> No <input type="checkbox"/> Yes, this is attached as annex ..... (.....pages)
3. Is there any additional information on this plant to be submitted as attachment on a voluntary basis?
<input type="checkbox"/> No <input type="checkbox"/> Yes, this is attached as annex ..... (.....pages)

..... of ..... pages

Signature of applicant

Company stamp

**PART D : SECURITY MEASURES ADVICE TO USE SCHEDULED CHEMICALS**

Please describe in the table below what precautions have been taken to prevent unauthorised access to or theft of chemicals controlled under your permit. Only significant changes will need to be addressed in subsequent annual updates. Please attach any additional pages if necessary and fax or mail this advice to National Authority for the Implementation of Chemical Weapons Convention.

In case of theft, unexplained loss, suspicious approach or incidents associated with the controlled chemicals please contact Director, National Authority for Implementation of Chemical Weapons Convention, on 011 2327807 (direct) and other local authorities as appropriate.

**A. Physical security of both scheduled chemicals and facility storing / handling scheduled chemicals**

Physical security arrangements  
(including after-hours)

- Perimeter fencing
- 24 hours/day security guards on site  
Electronic card access for all employees and adequate Control for site visitors
- Regular security patrols of site by guards
- Electronic security, alarm response, movement and other detectors
- Locked storage area for chemicals

Company security contact

Name

Telephone

Mobile phone

**B. Unexplained loss of scheduled chemicals**

Audit process including frequency of audits  
(unexplained loss and incident reporting)

Recent history of incidents relating to the loss or compromise of scheduled chemicals

**Relating to A and B above**

Planned changes to security systems or auditing process

Other comments