

# APPLICATION FORM: AMEND AN APPLICATION

## Department of Environmental Protection and Conservation



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### How to complete this application form

This application form and any supporting information provided with it are to amend an application you have made under the *Ozone Layer Protection Act No. 22 of 2019* (the OLP Act) and the Ozone Layer Protection Regulation (the OLP Regulation).

Applications made under the OLP Act may be amended **BEFORE** a final decision has been made by the Director of the Department of Environmental Protection and Conservation (the Department). If you want to amend an application you have made, you must submit this application before the Director has decided your original application.

There is no application fee to amend an application you have made. However, if your amendment relates to an application for an Import Permit, and the amendment will: increase the amount of controlled substances; change the type of controlled substance you want to import; or increase the number of manufactured products you want to import, you will be required to pay the difference in the application fees. We will issue you a separate invoice for this.

This form is designed to help you explain the amendment you require and why you require it. Your application will not be considered unless you return this form, completed and signed, and include all relevant attachments.

## 1. APPLICANT

### Full name of applicant

*The applicant must be the person who made the application that is the subject of this amendment.*

### Contact details

Physical address:

Mailing address:

Tel:

Mobile:

Email:

Website:

## 2. APPLICATION INFORMATION

This form is to amend an existing application. To assess your application, we need to know what you previously applied for, what you want to change and why you want to change it.

*NOTE: if you need to amend more than one application, please submit a separate amendment application for each application.*

### Existing application

What type of application do you want to change?

- Application for an Import Permit
- Application to amend an Import Permit
- Application for a Sales Permit
- Application to renew a Sales Permit
- Application for an Export Permit
- Application to amend an Export Permit
- Application for a Licence to Handle Controlled Substances
- Application for a Trainee Licence to Handle Controlled Substances
- Application to renew a Licence to Handle Controlled Substance
- Application to renew a Trainee Licence to Handle Controlled Substances

What is your application number (if known?)

### Proposed amendment

What do you want to change on your application?

Please explain why the amendments you have outlined above are necessary.

### 3. SUITABILITY

To approve your application the OLP Act requires the Director to be satisfied about several matters. This section addresses these matters.

Suitability question	Y/N	Please provide details
<p>Have you ever been issued a penalty notice under the OLP Act?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Have you ever been convicted of an offence against the OLP Act?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Have you ever been issued a penalty notice or convicted of an offence under another Act where that offence involved controlled substances or manufactured products? <i>For example, an offence under the Customs Act No. 7 of 2013 or an offence under the Energy Efficiency of Electrical Appliances, Equipment and Lighting Products Act No. 24 of 2016.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Do you have the necessary skills or trained staff to minimise emissions of controlled substances? <i>If you and/or your staff hold a licence to handle controlled substances or a trainee licence to handle controlled substances, please mention this here. If not, please provide a summary of your relevant qualifications and training and the qualifications and training of your staff that will be handling controlled substances. Use additional sheet(s) if required.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Do you have or have access to the necessary equipment to minimise emissions of controlled substances? <i>Please describe the equipment you will use to minimise the emission of controlled substances into the atmosphere. For example, vacuum pumps, pressure gauges, leak detectors, recovery machines etc. Please indicate whether this is your equipment or not. Use additional sheet(s) if required.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

## 4. DECLARATION

**If you are the applicant:**

By signing this application, I/we \_\_\_\_\_

1. Declare I am/we have previously submitted an application to the Department.
2. Declare I/we wish to make an amendment to the application referred to in item 1 above.
3. Declare all the information presented herein and attached is true and correct.

**Applicant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If you are an authorised representative of the applicant (registered business or company; charitable association; government department or agency etc.):**

By signing this application, I/we \_\_\_\_\_

1. Declare I am/we are the authorised representative(s) of \_\_\_\_\_, who has previously submitted an application to the Department.
2. Declare I/we wish to make an amendment to the application referred to in item 1 above.
3. Declare all the information presented herein and attached is true and correct.

**Representative's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*(Official Stamp where applicable)*

**ANY AMENDMENT TO YOUR APPLICATION WILL BE PRIMARILY BASED ON THE DESCRIPTION YOU HAVE PROVIDED ON THIS FORM.**

**THIS APPLICATION IS TO AMEND AN EXISTING APPLICATION MADE UNDER THE OZONE LAYER PROTECTION ACT ONLY.**

**THE APPROVAL OF AN AMENDMENT TO AN APPLICATION MADE UNDER THE OZONE LAYER PROTECTION ACT DOES NOT INFER OR ASSUME THE GRANTING OF LICENCES, PERMITS OR OTHER APPROVALS UNDER ANY OTHER VANUATU LEGISLATION.**

## 5. OFFICIAL USE ONLY

**Application received by:**

Name:

Position:

**Date application form received:**