



APPLICATION FOR REGISTRATION FOR THE IMPORTATION OF OZONE-DEPLETING SUBSTANCES AND ALTERNATIVE CHEMICAL SUBSTANCES

Important Note:

Accomplish this form in three (3) copies, each with a photocopy of the previous EMB Certificate of Registration for the Importation of ODS and Alternative Chemical Substances (if applicable). To facilitate processing, all information must be supplied accurately.

Date Applied : _____
 Registration Number : _____
 Document Number : _____

- I. Applicant's (Juridical) Name: _____
- II. Business Address: _____ Contact Number: _____
- III. Point Person : _____ Contact Number: _____
 Position / Designation : _____
- IV. Training / Seminar / Workshop Attended by the Point Person (attach a photocopy of the Certificate)
 Date: _____ Title of Training / Seminar / Workshop: _____ Conducted by: _____
- V. SEC / DTI Registration Number (attach a photocopy of SEC/DTI Registration Certificate with list of officers): _____
- VI. Type of Importer: (please mark X the appropriate box/boxes and fill-up the fields corresponding to it/them)
- Importer - Distributor
 Address of Storage Facility: _____ Contact Number: _____
- Importer - End-user
 Address of Storage Facility: _____ Contact Number: _____
- VII. Environmental Compliance Certificate (ECC) / Certificate of Non-Coverage (CNC) Number (attach a photocopy of the ECC / CNC): _____
- VIII. Profile of Business: _____
- IX. Data on Substance Subject to Importation:
 Brand / Trade / Commercial Name/s (attach the appropriate Material Safety Data Sheet or MSDS for each): _____

 Intended Use: _____
 (please mark X the appropriate box and fill-up the fields corresponding to it)
- Substance of Single Chemical Composition
 Generic Name: _____ Chemical Formula: _____
- Substance of Multiple Chemical Composition
 Blend Generic Name: _____
 Percent: _____ Generic Name: _____ Chemical Formula: _____
 Percent: _____ Generic Name: _____ Chemical Formula: _____
 Percent: _____ Generic Name: _____ Chemical Formula: _____
 Percent: _____ Generic Name: _____ Chemical Formula: _____
- X. Size of Storage Area (in m²): _____
- XI. Chemical Handler: _____ Position / Designation: _____
- XII. Training / Seminar / Workshop Attended by the Chemical Handler (attach a photocopy of the Certificate)
 Date: _____ Title of Training / Seminar / Workshop: _____ Conducted by: _____

I acknowledge that this application form is a legally binding document, and I declare, under the penalties of perjury, that the same has been accomplished in good faith, verified by me, and, to the best of my knowledge and belief, is true and correct pursuant to the regulations issued under authority thereof.

 (Authorized Signature over Printed Name)