

Experienced Persons Extinguishing Agent Handling Licence (EAHL)

under the Ozone Protection and Synthetic Greenhouse Gas Management Act 1989



Application Form

Office Use Only

Licence No.

Date

Expiry Date

I (full name)

apply for the following Experienced Persons Extinguishing Agent Handling Licence(s) (EAHL).

Tick only the Licence(s) you are applying for

- 1. Portable Fire Extinguishing Maintenance Licence
- 2. Fixed System Installation and Decommissioning Licence
- 3. Fixed System Testing and Maintenance Licence
- 4. Recovery, Reclamation, Fill and Recycling Licence
- 5. Warehouse Maintenance Licence
- 6. Control Systems Installation, Commissioning and Decommissioning Licence

Applicant Details

Date of Birth

/ /

First Name

Middle Name

Last Name

Street

Suburb

State

Postcode

Tel: BH

Mobile

Email

Employer/Company Name

Street

Suburb

State

Postcode

Colour Passport Photograph

Please attach a current colour passport size photo (minimum size 4cm high by 3.5cm wide) printed on photographic paper in the box provided.

This is a true photograph as witnessed by:

Witness Signature

Witness Full Name

Attach using tape or glue.
Do not staple through picture.



Australian Government
Department of the Environment,
Water, Heritage and the Arts



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Important Notes

- The Experienced Persons EAHL fee is \$100 (GST does not apply).
- If you are granted an Experienced Persons EAHL, it will remain in force for 12 months.
- Prior to the expiry of your EAHL, you must apply for a replacement licence.
- It remains your responsibility to obtain a licence whether or not you receive a reminder.

FPA Australia will endeavour to forward a reminder to you and to your employer prior to your licence expiring.

Tick here to receive a reminder to your private address only.

Applicant's Declaration

To support my application I advise that I have attained the competency PRMPFES43A and have attached the required supporting information detailing my experience for each licence I am applying for. I declare that the information contained in this application, including in the attached supporting information, is true in every particular. If granted an Experienced Persons EAHL I agree to comply with the provisions of the *Ozone Protection and Synthetic Greenhouse Gas Management Act 1989*, its regulations and the *Code of Practice for the Reduction of Ozone Depleting & Synthetic Greenhouse Gas Fire Extinguishing Agents*.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Applicant	Date	/	/

Witness Details

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Witness	Date	/	/

Name (Print)

Street

Suburb

State

Postcode

Payment Details

Method of Payment Cheque Payable to FPA Australia
ABN 30 005 366 576

Credit Card Details Visa MasterCard Amex

Card Number

Name on Card

Expiry Date

Signature

Amount \$

Enquiries

If you have any questions, please call 1300 731 922.

Use the Check List attached to ensure that you have done everything that you need to do.
Return this Application Form together with the completed Supporting Information Form by post to:

Executive Officer
Fire Protection Industry (ODS & SGG) Board, FPA Australia
PO Box 1049
Box Hill Vic 3128



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