

Application to Discharge a Controlled Extinguishing Agent



I (name)

(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:

(Add more lines pages if necessary)

Personnel involved (titles are more important than actual names):

Other relevant information:

(Add more lines pages if necessary)

I certify, to the best of my knowledge, that the information provided is true and correct.

Name in Block Letters:

Date:

Position:

Signature

Please complete and return form to:

Executive Officer - Ozone Protection
PO Box 1049, Box Hill, Victoria 3128
Fax: 03 9890 1577
Email: ozone@fpaa.com.au



Australian Government
Department of Sustainability, Environment,
Water, Population and Communities

