

Appendix 5 Suggested Form for Applying for Reissuance of the Controlled Chemicals Permit

Original Permit No.		Original Name of the Controlled Chemical	
Name of the Handler (Full name)		Name of the Responsible Person	
Unified Business Number. or Factory Registration Number			
Handling Site			
Name of the Handling Site (Full name)			
Unified Business Number. or Factory Registration Number			
Address of the Handling Site	□□□		
Contact Person			
Name of the Contact Person		Telephone	()
Name of the Department		Fax number	()
Job Title		E-mail	@
Declaration			
<p>I, the handler, hereby do confirm that the permit has been lost. I hereby apply for reissuance of this permit and accept liability under the Occupational Safety and Health Act if in the future it is verified by inspections that the handling of the Controlled Chemicals is in a manner inconsistent with the original permit.</p>			
Stamp of the Handler _____			
Stamp or Signature of the Responsible Person _____			
Date of Application: (year/month/day) / / Contact Person: _____(Stamp or Signature)			