

# APPLICATION FORM: IMPORT, PURCHASE, SELL, STORE, PROCESS/RECYCLE, RECOVER OR REFILL ODS

Version 2017\_01E

Approved 23 November 2017

## Department of Environmental Protection and Conservation



Private Mail Bag 9063  
Port Vila, Vanuatu  
Phone: (678) 25302 / 33430  
Email: [rbue@vanuatu.gov.vu](mailto:rbue@vanuatu.gov.vu)



### How to complete this application form

This application form and any supporting information provided with it are for assessment under the *Ozone Layer Protection Act No. 27 of 2010* (the OLP Act) and the *Ozone Layer Protection (Fees and Penalty Notices) Regulations* (the OLP Regulations).

The OLP Act regulates controlled substances, more commonly referred to as ozone depleting substances (ODS). The regulation of ODS can be split into two parts: accessing ODS and using ODS.

You can access ODS in two forms: in bulk (e.g., in gas cylinders) or in goods containing ODS (e.g., in pre-charged refrigerators and air-conditioners). You may use ODS by selling, storing, processing/recycling, recovering or refilling bulk ODS or goods containing ODS.

The OLP Act has a number of requirements about the access and use of ODS.

Any person who:

- Wishes to import, purchase, sell, store, process/recycle, recover or refill ODS must be registered as an Approved Importer
- Intends to use any premises or facility for the sale, storage, processing/recycling, recovery, refilling or purchasing for resale of ODS must have their premises or facility registered as an Approved Facility.

In addition to registration as an Approved Importer and Approved Facility, any person who wishes to import ODS or goods containing ODS must apply for the relevant licence or permit:

- If you are importing bulk HCFCs or goods containing HCFCs: HCFC Import Quota Licence
- If you are importing bulk methyl bromide: Quarantine and pre-shipment permit
- If you are importing medical products containing ODS: Medical and health-related permit

Generally, most businesses will require registration as an Approved Importer, registration as an Approved Facility and a HCFC Import Quota Licence. This application form includes information about all of these requirements.

#### **ALL APPLICANTS MUST COMPLETE SECTIONS 1, 2 AND 6–10.**

Please note that your application will not be considered unless you return to the Department of Environmental Protection and Conservation (the Department) this form, completed and signed; all relevant attachments and required information; and have paid the application fee.

Application fees must be paid at the government cashier at the Department of Finance and Treasury. The Department can provide you with an invoice to take to the government cashier. A receipt from the government cashier must be delivered to the Department.

**IMPORTANT: NO ODS MAY BE IMPORTED, PURCHASED, SOLD, STORED, PROCESSED, RECOVERED, RECYCLED OR REFILLED UNLESS AND UNTIL WRITTEN APPROVAL IS GIVEN BY THE DEPARTMENT.**

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## 1. APPLICANT DETAILS

### Full name of applicant

### Business details

Registered business (attach copy of your business licence)

Other organisation (attach copy of your VFSC certificate)

Organisation name & CT number

### Contact details

Physical address:

PO Box:

Tel:

Mobile:

Email:

Website:

## 2. ACCESSING ODS

### HOW WILL YOU ACCESS ODS?

**All applicants must complete this section.**

Please tick all relevant boxes.

*NOTE: Goods containing CFCs, halons, carbon tetrachloride, methyl chloroform, HBFCs and bromochloromethane may only be imported for medical applications necessary for human health or safety and require a medical and health related permit.*

- Import bulk HCFCs or methyl bromide
- Import goods containing HCFCs
- Import medical products containing CFCs, halons, carbon tetrachloride, methyl chloroform, HBFCs or bromochloromethane
- Purchase bulk HCFCs or methyl bromide
- Purchase (for resale) goods containing HCFCs

**If you are importing ODS, please go to section 3.**

**If you are purchasing ODS, please go to section 5.**

# APPLICATION FORM: IMPORT, PURCHASE, SELL, STORE, PROCESS, RECOVER, RECYCLE OR REFILL ODS

Version 2017\_01E

## 3. PROPOSED IMPORTS

***This section is for importers only. If you are importing HCFCs or goods containing HCFCs you must also complete section 4.***

If you will access ODS by importing, please complete the table below for each item you propose to import. You must give full details of your proposed imports and attach the required information.

Insufficient or unclear information will delay your application.

Please use separate sheet(s) if required.

<b>WHAT TYPE OF ODS WILL YOU IMPORT?</b>	<b>WHAT ODS WILL YOU IMPORT?</b>	<b>HOW MUCH DO YOU WANT TO IMPORT (kg)?</b>	<b>WHERE DO THE ODS COME FROM?</b> <i>Please identify the country where are you importing the ODS or goods from (i.e., the country of export/country of origin).</i>	<b>HOW MANY TIMES DO YOU EXPECT TO IMPORT ODS THIS YEAR?</b> <i>Licences and permits are granted for one calendar year only. Please indicate how many shipments you propose to receive this year and when you expect them to be.</i>
<b>BULK HCFCs</b>	<i>Please list the HCFCs you want to import.</i>	<i>How much do you want to import?</i>		
<b>GOODS CONTAINING HCFCs</b>	<i>Please describe the goods you want to import and the HCFCs they contain.</i>	<i>What is the total volume of HCFCs contained in the goods?</i>		
<b>BULK METHYL BROMIDE</b>	Methyl bromide	<i>How much do you want to import?</i>		
<b>MEDICAL PRODUCTS CONTAINING ODS</b>	<i>Please describe the medical products you want to import, including their medical application and the ODS they contain. Consider how the product necessary for human health or safety.</i>	<i>What is the total volume of ODS contained in the medical products?</i>		

# APPLICATION FORM: IMPORT, PURCHASE, SELL, STORE, PROCESS, RECOVER, RECYCLE OR REFILL ODS

Version 2017\_01E

## 4. IMPORTING HCFCs OR GOODS CONTAINING HCFCs

***This section is for importers of HCFCs or goods containing HCFCs only. If you included HCFCs or goods containing HCFCs in section 3 you must complete this section.***

The OLP Act has additional requirements for the import of HCFCs or goods containing HCFCs. Complete this section only if you wish to import HCFCs or goods containing HCFCs.

Insufficient or unclear information will delay your application.

Please use separate sheet(s) if required.

**HOW DO YOU INTEND TO USE THE HCFCs OR GOODS CONTAINING HCFCs?**

**ARE YOU USING ANY ALTERNATIVES TO HCFCs?**

*Please list the alternatives to HCFCs you are using and provide proof of your commitment to phase out HCFCs and use alternatives in a timely manner.*

**WHAT IS THE VOLUME OF HCFCs YOU HAVE IMPORTED IN THE LAST TWO YEARS?**

*This volume includes the volume of bulk HCFCs and the volume of HCFCs contained in goods you imported.*

## 5. PROPOSED PURCHASES

***This section is for purchasers only.***

If you will access ODS by purchasing from an importer, please complete the table for each item you propose to purchase. Examples include purchasing goods containing ODS for resale and purchasing bulk ODS to refill your existing goods.

You must give full details of your proposed purchases and attach the required information.

Insufficient or unclear information will delay your application.

**WHAT ODS WILL YOU PURCHASE?**

*Please describe the ODS you propose to purchase.*

*Use additional sheets of paper as required.*

**BULK ODS:**

*For bulk ODS, please identify the ODS (e.g., R-22).*

**GOODS CONTAINING ODS:**

*For goods containing ODS, please describe the goods, (e.g., refrigerator) and identify the ODS they contain (e.g., R-22).*

## 6. USING ODS

# APPLICATION FORM: IMPORT, PURCHASE, SELL, STORE, PROCESS, RECOVER, RECYCLE OR REFILL ODS

Version 2017\_01E

**All applicants must complete this section.**

Please provide detailed information about how you will use the ODS you have imported or purchased. This includes information about whether you are dealing with ODS in bulk (e.g., gas cylinders) or goods containing ODS (e.g., refrigerators and air-conditioners).

Insufficient or unclear information will delay your application.

Please use separate sheet(s) if required.

ACTIVITY	Y/N	IF YES, PLEASE PROVIDE A DESCRIPTION
<p><b>SELL</b></p> <p>Will you sell bulk HCFCs or methyl bromide?</p>  <p>Will you sell <u>goods containing</u> HCFCs?</p>		<p>If yes, please identify the ODS you propose to sell. <i>E.g., R-22, methyl bromide.</i></p>  <p>If yes, please list the goods you propose to sell and the ODS they contain. <i>Please describe the goods, (e.g., refrigerator) and the ODS (e.g., R-22).</i></p>
<p><b>STORE</b></p> <p>Will you store HCFCs or methyl bromide?</p>  <p>Will you store <u>goods containing</u> HCFCs?</p>		<p>If yes, please identify the ODS you propose to store. <i>E.g., R-22, methyl bromide.</i></p>  <p>If yes, please list the goods you propose to store and the ODS they contain. <i>Please describe the goods, (e.g., refrigerator) and the ODS (e.g., R-22).</i></p>
<p><b>PROCESS/RECYCLE</b></p> <p>Will you process or recycle HCFCs or methyl bromide?</p>		<p>If yes, please identify the ODS you propose to process. <i>E.g., R-22, methyl bromide.</i></p>
<p><b>RECOVER</b></p> <p>Will you recover CFCs, halons, carbon tetrachloride, methyl chloroform, HBFCs, bromochloromethane, HCFCs or methyl bromide?</p>		<p>If yes, please describe the ODS you propose to recover. <i>Please provide the type of ODS (e.g., HCFC) and the name of the ODS (e.g., R-22).</i></p>
<p><b>REFILL</b></p> <p>Will you refill cylinders or other containers with CFCs, halons, carbon tetrachloride, methyl chloroform, HBFCs, bromochloromethane, HCFCs or methyl bromide?</p>		<p>If yes, please describe the ODS you propose to refill. <i>Please provide the type of ODS (e.g., HCFC) and the name of the ODS (e.g., R-22).</i></p>

# APPLICATION FORM: IMPORT, PURCHASE, SELL, STORE, PROCESS/RECYCLE, RECOVER OR REFILL ODS

Version 2017\_01E

Approved 23 November 2017

## 7. WHERE WILL YOU USE ODS AND HOW WILL YOU MANAGE YOUR USE TO PROTECT THE OZONE LAYER?

**All applicants must complete this section.**

This table is designed to ensure that the Department understands the activities you will be undertaking at your premises or facility; the ODS you will be working with; and whether the conditions of your premises or facility are suitable for the activity and ODS involved.

Insufficient or unclear information will delay your application.

Please use separate sheet(s) if required.

ACTIVITY	ODS INVOLVED	DESCRIPTION OF PREMISES OR FACILITY	RECORD KEEPING PROCEDURES	SAFETY MECHANISMS
<p>What activity will you be undertaking at your premises or facility?</p> <p><i>Please select one of the following activities:</i></p> <ul style="list-style-type: none"> <li>• Selling</li> <li>• Storing</li> <li>• Processing/recycling</li> <li>• Recovery</li> <li>• Refilling</li> <li>• Purchasing for resale</li> </ul>	<p>What ODS is involved in the activity?</p> <p><i>Please provide the type of ODS (e.g., HCFC) and the name of the ODS (e.g., R-22).</i></p> <p>Is it in bulk and/or contained in goods?</p> <p><i>Please tick all relevant boxes.</i></p> <p><input type="checkbox"/> Bulk</p> <p><input type="checkbox"/> Contained in goods (please describe the goods)</p>	<p>Please describe the premises or facility you propose to use for the activity and ODS you have chosen.</p> <p><i>Consider:</i></p> <ul style="list-style-type: none"> <li>• <i>What is the total storage area (m<sup>2</sup>)?</i></li> <li>• <i>Will the bulk ODS/goods containing ODS be exposed to sunlight, moisture or vibration?</i></li> <li>• <i>If you're using a structure, what is the structure made of? Is it enclosed, partially enclosed etc.? What type of ventilation does it have?</i></li> <li>• <i>What equipment or other goods will also be stored at the premises or facility?</i></li> <li>• <i>What equipment for recovering, storing, handling or otherwise dealing with ODS is located on site? For example, do you have a vacuum pump, recovery machine, recovery cylinder etc.?</i></li> </ul>	<p>Describe how you will keep records of the ODS you are selling, storing, processing/recycling, recovering, refilling or purchasing for resale.</p> <p><i>Consider how you will report to the Department about the amount of ODS you have sold, stored, processed etc.</i></p>	<p>What safety mechanisms do you have in place to prevent ODS from being discharged into the atmosphere?</p> <p><i>Consider:</i></p> <ul style="list-style-type: none"> <li>• <i>Are you and your staff trained to use the equipment for recovering, storing, handling or otherwise dealing with the ODS located on site?</i></li> <li>• <i>Access to the premises/facility – is access limited to trained personnel? How is access limited?</i></li> <li>• <i>Are there signs displayed at the premises/facility?</i></li> <li>• <i>How will you respond to a discharge of ODS?</i></li> </ul>

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## 7. WHERE WILL YOU USE ODS AND HOW WILL YOU MANAGE YOUR USE TO PROTECT THE OZONE LAYER?

Using the guide above, please complete the following table for each activity you propose to undertake at your premises or facility.

Please use separate sheet(s) if required.

**All applicants must complete this section.**

ACTIVITY	ODS INVOLVED	DESCRIPTION OF PREMISES OR FACILITY	RECORD KEEPING PROCEDURES	SAFETY MECHANISMS
	Type: Name:  <i>Please tick all relevant boxes.</i> <input type="checkbox"/> Bulk <input type="checkbox"/> Contained in goods (please describe the goods)			
	Type: Name:  <i>Please tick all relevant boxes.</i> <input type="checkbox"/> Bulk <input type="checkbox"/> Contained in goods (please describe the goods)			

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Version 2017\_01E

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## 8. SUITABILITY

**All applicants must complete this section.**

To approve your application the OLP Act requires the Director to be satisfied about a number of matters. This section addresses these matters. Please provide detailed information about each matter.

### PRIOR CONVICTIONS AND COMPLIANCE HISTORY

OFFENCE	Y/N	IF YES, PLEASE PROVIDE DETAILS
Have you failed to comply with a request for information?		
Have you acted in contravention of a requirement of prohibition under the OLP Act; aided or abetted a person to do so; or conspired to do so?		
Have you failed to comply with a condition of a permit, licence or registration?		
Have you failed to respond to a call-up of ODS/goods containing ODS made by the Director?		
Have you, when servicing equipment, wilfully or neglectfully discharged ODS into the atmosphere?		
Have you hindered or obstructed an officer carrying out their duties under the OLP Act or induced or incited another to do so?		
Have you impersonated an officer?		
Have you provided false or misleading information?		
Have you been issued a penalty notice under the OLP Act?		

### SKILLS, TRAINING AND EQUIPMENT

<p>Do you have the necessary skills, trained staff and equipment to minimise emissions of ODS?</p> <p><i>Please provide a summary of your relevant qualifications and training; the qualifications and training of your staff that will be handling ODS; and the equipment you will use to minimise the emission of ODS into the atmosphere.</i></p> <p><i>Use additional sheet(s) if required.</i></p>	
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## 9. APPLICATION CHECKLIST

<i>All applicants: Please tick to confirm</i>	Official use only	
<input type="checkbox"/> Completed all relevant sections of this application form Paid the relevant application fees: <input type="checkbox"/> For registration as an Approved Importer: 10,000 Vatu <input type="checkbox"/> For registration as an Approved Facility: 20,000 Vatu <input type="checkbox"/> For a HCFC Import Quota Licence: 20,000 Vatu and 100 Vatu/kilogram <input type="checkbox"/> For a Quarantine and pre-shipment permit: 10,000 Vatu and 100 Vatu/kilogram <input type="checkbox"/> For a Medical and health-related permit: 10,000 Vatu and 100 Vatu/kilogram	Y / N  Y / N	Date complete application received:  DEPC reference number: ENV/301/

## 10. APPLICANT DECLARATION

I/We \_\_\_\_\_ declare that all the information presented herein and attached is correct and is an accurate description of my/our proposed activities in relation to ODS.

(name)

**Applicant signature:** \_\_\_\_\_

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

(Official Stamp where applicable)

**IMPORTANT: The information contained in this application form and the attached documents forms part of the formal registration, licensing and permitting process. Failure to comply with the information as set out in this application form may result in penalties under the OLP Act. Any changes or variations to your proposed activities must be referred to the Department before ODS are imported, purchased, sold, stored, processed, recovered, recycled or refilled.**

**REGISTRATION UNDER THE OLP ACT DOES NOT INFER OR ASSUME THE GRANTING OF LICENCES OR PERMITS UNDER ANY OTHER VANUATU LEGISLATION.**