#### APPLICATION FORM: RENEW A SALES PERMIT

## **Department of Environmental Protection and Conservation**



www.environment.gov.vu
Private Mail Bag 9063
Port Vila, Vanuatu
Phone: (678) 33430
VOIP: 3893



Email: ozone@vanuatu.gov.vu

# How to complete this application form

This application form and any supporting information provided with it are to renew your Sales Permit under the *Ozone Layer Protection Act No. 22 of 2019* (the OLP Act) and the Ozone Layer Protection Regulation (the OLP Regulation).

Sales Permits are valid for one year from the date of issue and may be renewed. If you want to renew your Sales Permit you must apply to the Director of the Department of Environmental Protection and Conservation (the Department) **before** your Sales Permit expires.

An application to renew your Sales Permit is not an opportunity to amend your Sales Permit. For example, to include additional controlled substances. Rather, it is an opportunity to effectively extend the life of your existing approval. If you want to change the controlled substances you are selling, you must submit a new 'Application for a Sales Permit'.

**Payment of application fees:** under the OLP Act, applications made by government departments or agencies are exempt from paying application fees. All other applications to renew a Sales Permit require payment of a 10,000 vatu application fee (excluding VAT). This fee is provided for in the OLP Regulations.

Application fees must be paid at the government cashier at the Department of Finance and Treasury. We do not accept payments at our offices. Please take the attached invoice to the government cashier for payment. A receipt from the government cashier must be attached to this application form when it is submitted to the Department. Your application will not be processed until you provide us with a copy of the receipt from the government cashier.

NO CONTROLLED SUBSTANCES MAY BE SOLD BEYOND THE EXPIRY OF YOUR CURRENT SALES PERMIT UNLESS AND UNTIL YOUR SALES PERMIT IS RENEWED BY THE DEPARTMENT OR A NEW SALES PERMIT IS GRANTED.

| Full name of applican | t  |        |  |
|-----------------------|--|--------|--|
| The applicant must be | the holder of the Sales Permit being rer | newed. |  |
|                       |  |        |  |
| Contact details       |  |        |  |
| Physical address:     |  |        |  |
| Mailing address:      |  |        |  |
| Tel:                  | Mobile:                                  | Email: |  |
| Website:              |  |        |  |

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This form is to renew an existing Sales Permit. To assess your application, we need know about your current Sales Permit.

# **Sales Permit**

What is the permit number?

| 3. SUITABILITY   |               |                        |  |  |  |  |
|--|---------------|------------------------|--|--|--|--|
| To approve your application the OLP Act requires the Director to be satisfied about several matters. This section addresses these matters.   |               |                        |  |  |  |  |
| Suitability question   | Y/N           | Please provide details |  |  |  |  |
| Have you ever been issued a penalty notice under the OLP Act?  | ☐ Yes<br>☐ No |                        |  |  |  |  |
| Have you ever been convicted of an offence against the OLP Act?  | ☐ Yes<br>☐ No |                        |  |  |  |  |
| Have you ever been issued a penalty notice or convicted of an offence under another Act where that offence involved controlled substances or manufactured products?  | ☐ Yes<br>☐ No |                        |  |  |  |  |
| For example, an offence under the Customs<br>Act No. 7 of 2013 or an offence under the<br>Energy Efficiency of Electrical Appliances,<br>Equipment and Lighting Products Act No. 24<br>of 2016.  |               |                        |  |  |  |  |
| Do you have the necessary skills or trained staff to minimise emissions of controlled substances?  | ☐ Yes<br>☐ No |                        |  |  |  |  |
| If you and/or your staff hold a licence to handle controlled substances or a trainee licence to handle controlled substances, please mention this here. If not, please provide a summary of your relevant qualifications and training and the qualifications and training of your staff that will be handling controlled substances. |               |                        |  |  |  |  |
| Use additional sheet(s) if required.   |               |                        |  |  |  |  |
| Do you have or have access to the necessary equipment to minimise emissions of controlled substances?  | Yes No        |                        |  |  |  |  |
| Please describe the equipment you will use to minimise the emission of controlled substances into the atmosphere. For example, vacuum pumps, pressure gauges, leak detectors, recovery machines etc.   |               |                        |  |  |  |  |
| Please indicate whether this is your equipment or not.   |               |                        |  |  |  |  |
| Use additional sheet(s) if required.   |               |                        |  |  |  |  |

| 4.              | DECLARATION  |   |                                      |
|-----------------|--|---|--------------------------------------|
| If you a        | re the applicant (individual):   |   |                                      |
| By signi        | ng this application, I/we  |   |                                      |
| 1.              | Declare I am/we are the holder of the Sales Permit the su                              | bject of this application.                  |                                      |
| 2.              | Declare all the information presented herein and attached                              | d is true and correct.                      |                                      |
| Applica         | nt's signature:  | Date:                                       |                                      |
| If you a agency | re an authorised representative of the applicant (register etc.):                      | red business or company; charitable associa | ation; government department or      |
| By signi        | ng this application, I/we  |   |                                      |
| 1.              | Declare I am/we are the authorised representative(s) of _ subject of this application. |   | , the holder of the Sales Permit the |
| 2.              | Declare all the information presented herein and attached                              | d is true and correct.                      |                                      |
| Represe         | entative's signature:  |   |                                      |
| -               | Stamp where applicable)  |   |                                      |
| ANY RI          | ENEWAL OF YOUR SALES PERMIT WILL BE F  | PRIMARILY BASED ON THE DESCRI<br>THIS FORM. | PTION YOU HAVE PROVIDED ON           |
|                 | THIS APPLICATION IS TO RENEW A SALES P   | PERMIT UNDER THE OZONE LAYER                | PROTECTION ACT ONLY.                 |
|                 | E GRANTING OF A PERMIT UNDER THE OZON<br>GRANTING OF LICENCES, PERMITS OR OTHE         |   |                                      |
| 5.              | OFFICIAL USE ONLY  |   |                                      |
| Annlie:         | ation received by:   |   |                                      |
| Name:           |  |   |                                      |
| Position        | 1.   |   |                                      |
|                 | I.   |   |                                      |

Date application form received:

## How to pay your Sales Permit renewal application fee

The Department does not accept payments at the office at Nambatu or Luganville.

#### Please:

- 1. Insert your name into this invoice
- 2. Take this invoice and pay your application fee to the government cashier at the Department of Finance and Treasury
- 3. Attach a copy of the receipt provided by the government cashier to your application to renew your Sales Permit.

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# DEPARTMENT OF ENVIRONMENTAL PROTECTION AND CONSERVATION

Private Mail Bag9063 Port Vila REPUBLIC OF VANUATU



# BUREAU DE LA PROTECTION DE L'ENVIRONNEMENT ET DE LA CONSERVATION

Sac Postage Privé 9063 Port Vila **REPUBLIQUE DE VANUATU** 

#### DIPATMEN BLONG ENVAEROMEN PROTEKSEN MO KONSEVESEN

Tel: (678) 25302 / 33430

## CT No. 108434

## Name of applicant:

#### **INVOICE**

| Description of Fee      | Work Description                    | Amount (VUV) |  |
|-------------------------|-------------------------------------|--------------|--|
| Item 643:<br>Ozone Fees | Application to renew a Sales Permit | 10,000       |  |
|                         | VAT                                 | 1,500        |  |
|                         | INVOICE TOTAL                       | 11,500       |  |