



To operate a facility producing Schedule 1 chemicals: Research Facility
- Permit Application / Renewal Form
- Notification Form

Chemical Weapons (Prohibition) Act 1994 - sections 17(1), 20(1), 29 (1)

PLEASE READ THE GUIDE TO THIS FORM BEFORE COMPLETING IT

Indicate whether this is an Application [ ] or a Notification [ ] for calendar year:

Section A. Organisation/Institution operating facility

(CWCO reference:

Site code:

)

Table with 11 rows for facility details: 1. Facility name, 2. Name of the operator, 3. Postal address, 4. Street address, 5. Site location co-ordinates (Latitude/Longitude), 6. Building or Structure number, 7. Contact, 8. Title, 9. Contact Details (tel/fax), 10. Principal Researcher, 11. Contact Details (tel/fax).

If the form is being completed as a notification, and not a permit application, go to question 19

12. In the initial application enclose, as Attachment A, a detailed technical description of the facility, including facility diagrams, an inventory of equipment and a description of other Schedule 1 chemicals used and/or stored at the facility.

**Section B**     **Details of anticipated activities at the Research Facility with Schedule 1 chemicals for the calendar year for which the permit is sought**

**USE ONE COPY OF THIS PAGE FOR EACH SCHEDULE 1 CHEMICAL TO BE PRODUCED**

13. IUPAC chemical name or, if unknown, Schedule 1 family name	
14. Structural formula	
15. CAS registry number (if assigned)	
16. Quantity anticipated to be produced	
17. Anticipated periods of production (indicate months when activity is expected)	
18. Brief description of the purpose of anticipated production	

**Section C. Confidentiality**

19. If there is any information in this form which you believe requires particular protection, describe that information against the appropriate classification :

<b>classification</b>	
OPCW - Restricted	
OPCW - Protected	
OPCW - Highly Protected	

Note: The *Chemical Weapons (Prohibition) Act* prescribes penalties for the provision of false or misleading information.

Signed by/on behalf of the applicant or notifier

.....  
(Signature)

.....  
(Full Name)

Dated ....., 20.....