

**Licence Application of  
Chemical and Related Substances Business  
( Rule 17)**

Date . . .

To

Chairperson

The Central Supervisory Board on Prevention of Hazard from Chemical and  
Related Substances

Nay Pyi Taw

**Subject: Applying the Licence for Chemical and Related Substances Business**

May I apply to issue the licence for chemical and related substances business.

1. Name of Applicant .....
2. National Registration Card No. ....  
(Citizenship Scrutiny Card No.) or .....  
Foreigner Registration Card No. ....
3. Qualification .....
4. Trainings or Experiences on Chemicals .....
5. Permanent Address .....  
.....
6. Contact Phone or Fax or e-mail address .....
7. Type of Business .....  
(Storing, Treating by technique,  
Producing, Using, Import, Export,  
Transporting, Possessing, Distributing,  
Purchasing, Selling)  
(To cancel unnecessary ones)
8. Contact Phone and Address of Place .....  
and Building of Chemical and .....  
Related Substances Business .....

- (a) Type of Building .....  
(Roof, Wall, Floor) .....
- (b) Area .....
- (c) Preparation of Cleanliness or .....  
Fire Protection .....
- 9. Type of Transporting Vehicle and .....  
Preparation of Hazard Protection .....
- 10. Control Programme of By-product wastes .....  
for not to Impact on Environment .....
- 11. Provided Status of Hazard Protection .....  
Equipment to Relevant Staff .....
- 12. Name and Identity of the Chemical .....  
And Related Substances using in .....  
Relevant Business (To express completely) .....
- 13. Responsible Person for Business .....  
(a) Name .....  
(b) Qualification and Experience. ....
- 14. Preparation of Hazard Decrease and Safety .....  
From Hazard if the Accidence Happens .....
- 15. Recommendation letters and documents which are submitted as attachment  
together with application:  
(a) working plan for management on environmental conservation;  
(b) three copies of facts and documents related to business;  
(c) the copies of recommendation letters and certificates for qualifications and  
experiences.

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(Signature of Applicant)

Name.....