

APPENDIX 1

STANDARDS AND REGULATION DIVISION

Ministry of Health and Wellness - Competent Authority

FORM 1
THE PRECURSOR CHEMICALS REGULATIONS 2013

**APPLICATION FORM FOR AUTHORIZATION TO ENGAGE IN A
PRESCRIBED ACTIVITY**

Fill out each section of this form completely. All information is required, except where indicated.

(Forms should be typewritten or completed in block capitals)

SECTION 1: COMPANY INFORMATION

Company: _____

Street Address: _____

City: _____

Address of Warehouse (if different from above): _____

Telephone: _____ **Fax:** _____

Email Address: _____

Company's TRN Number: _____

Type of Activity: (Please check all that apply)

Importer **Manufacturer** **Distributor** **Retailer** **End User** **Exporter**

Precursor Company licensing Form

SECTION 11: MANAGEMENT INFORMATION

<u>Board of Directors:</u>	<u>TRN</u>	<u>Any Previous Conviction</u>	
_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Principal Management			
Managing Director : _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Purchasing Director : _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sales Director: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial Controller: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Quality Control Personnel: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operations Manager: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Warehouse Manager: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Responsible Officer: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Academic Qualification _____			
(submit certified copies)			
Work Experience _____			

Name & Address of two (2) References:			
1. _____			
2. _____			

Precursor Company licensing Form

Section 111: Please complete forms related to company's activity type.

PRODUCTS TO BE IMPORTED

PRODUCT 1.

Name:
Unit of Measure (kg, ml, litres, # of tablets per bottle, etc) :
Pack size (eg. 25kg):
Package type (drums/bottle/tank, etc.):
Type of preparation (solid/liquid/gas) :
Manufacturer:
Supplier:
Country of Origin:
Intended Use(s):
Annual Estimated quantity:
Components & Respective Concentration:

PRODUCT 2.

Name:
Unit of Measure (kg, ml, litres, # of tablets per bottle) :
Pack size (eg. 25kg):
Package type(drums/bottle/tank, etc.):
Type of preparation (solid/liquid/gas) :
Manufacturer:
Supplier:
Country of Origin:
Intended Use(s):
Annual Estimated quantity:
Components & Respective Concentration:

PRODUCT 3

Name:
Unit of Measure (kg, ml, litres, # of tablets per bottle) :
Pack size (eg. 25kg):
Package type(drums/bottle/tank, etc.):
Type of preparation (solid/liquid/gas) :
Manufacturer:
Supplier:
Country of Origin:
Intended Use(s):
Annual Estimated quantity:
Components & Respective Concentration:

Please attach MSDS for each product

Precursor Chemical Licensing Form

PRODUCTS TO BE DISTRIBUTED

PRODUCT 1.

Name:
Unit of Measure:
Manufacturer:
Supplier:
Country of Origin:
Intended Use(s):
Annual Estimated quantity:
Components & Respective Concentration:

PRODUCT 2.

Name:
Unit of Measure:
Manufacturer:
Supplier:
Country of Origin:
Intended Use(s):
Annual Estimated quantity:
Components & Respective Concentration:

PRODUCT 3.

Name:
Unit of Measure:
Manufacturer:
Supplier:
Country of Origin:
Intended Use(s):
Annual Estimated quantity:
Components & Respective Concentration:

PRODUCT 4.

Name:
Unit of Measure:
Manufacturer:
Supplier:
Country of Origin:
Intended Use(s):
Annual Estimated quantity:
Components & Respective Concentration:

Please attach MSDS for each product

Precursor Chemical Licensing Form

PRODUCTS TO BE RETAILED

PRODUCT 1.

Name:
Unit of Measure:
Manufacturer:
Supplier:
Country of Origin:
Intended Use(s):
Annual Estimated quantity:
Components & Respective Concentration:

PRODUCT 2.

Name:
Unit of Measure:
Manufacturer:
Supplier:
Country of Origin:
Intended Use(s):
Annual Estimated quantity:
Components & Respective Concentration:

PRODUCT 3.

Name:
Unit of Measure:
Manufacturer:
Supplier:
Country of Origin:
Intended Use(s):
Annual Estimated quantity:
Components & Respective Concentration:

PRODUCT 4.

Name:
Unit of Measure:
Manufacturer:
Supplier:
Country of Origin:
Intended Use(s):
Annual Estimated quantity:
Components & Respective Concentration:

Please attach MSDS for each product

PRODUCTS TO BE EXPORTED

PRODUCT 1.

Name:
Unit of Measure:
Manufacturer:
Supplier:
Country of Destination:
Intended Use(s):
Annual Estimate for exportation:
Components & Respective Concentration:

PRODUCT 2.

Name:
Unit of Measure:
Manufacturer:
Supplier:
Country of Destination :
Intended Use(s):
Annual Estimate for exportation:
Components & Respective Concentration:

PRODUCT 3.

Name:
Unit of Measure:
Manufacturer:
Supplier:
Country of Destination :
Intended Use(s):
Annual Estimate for exportation:
Components & Respective Concentration:

PRODUCT 4.

Name:
Unit of Measure:
Manufacturer:
Supplier:
Country of Destination :
Intended Use(s):
Annual Estimates:
Components & Respective Concentration:

Please attach MSDS for each product

Precursor Chemical Licensing Form

PRODUCTS MANUFACTURED

PRODUCT 1.

Name:
Unit of Measure:
Intended Use(s):
Annual Estimates:
Components & Respective Concentration:
Will this product be exported

PRODUCT 2.

Name:
Unit of Measure:
Intended Use(s):
Annual Estimates:
Components & Respective Concentration:
Will this product be exported

PRODUCT 3.

Name:
Unit of Measure:
Intended Use(s):
Annual Estimates:
Components & Respective Concentration:
Will this product be exported

PRODUCT 4.

Name:
Unit of Measure:
Intended Use(s):
Annual Estimates:
Components & Respective Concentration:
Will this product be exported

Please attach MSDS for each product

Precursor Chemical Licensing Form

PRODUCTS UTILIZED BY COMPANY

PRODUCT 1.

Name:
Unit of Measure:
Intended Use(s):
Annual Estimates:
Components & Respective Concentration:

PRODUCT 2.

Name:
Unit of Measure:
Intended Use(s):
Annual Estimates:
Components & Respective Concentration:

PRODUCT 3.

Name:
Unit of Measure:
Intended Use(s):
Annual Estimates:
Components & Respective Concentration:

PRODUCT 4.

Name:
Unit of Measure:
Intended Use(s):
Annual Estimates:
Components & Respective Concentration:

Please attach MSDS for each product

Section IV: SAFETY EQUIPMENT

Equipment	Yes	No
Eye Wash Station		
Industrial Shower		
Goggles		
Gloves		
Respiratory Apparatus		
Hard Hats		
Safety Shoes		
Cover-coats		
Fire Extinguisher(s)		
Air Quality Measurement Device		
Other		

If there is any other equipment, please state:

Section V: CUSTOMS BROKER INFORMATION

Port of Entry: Kingston Montego Bay

Name of Custom Broker: _____

Name of Company: _____

Address: _____

Contact Number: _____

Email Address: _____

Custom Broker Licence Number: _____

Please attach copy of licence

Precursor chemical Licensing Form

