

# Import Licence Application Form

The Control of Poisonous Substances Regulations, 1995

## Antifouling Paints

Ref: HSELicenceAppAFP



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THIS APPLICATION SHOULD BE TYPEWRITTEN OR COMPLETED IN BLOCK LETTERS

Name of Applicant:	Name of Consignor:
Postal Address: _____ _____ _____	Postal Address: _____ _____ _____
Telephone Number:	Country of Origin. (product):

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SCHEDULE	
Quantity	Full Description of Product
Unlimited	Approved marine anti-fouling paint, not containing TBT.

Proposed method of importation: \_\_\_\_\_

Proposed year of importation: \_\_\_\_\_

I declare that to the best of my knowledge and belief, all the particulars in this application are correctly stated.  
I agree to supply detailed information on individual imports on an annual basis.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

### Health and Safety Executive

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