



Consent form

IMPORTANT INFORMATION

- This form is used by a third party to provide their consent to a primary applicant (where the primary application requires the third party's consent). The primary applicant must submit this form AND the primary application.
- You can attach up to 5 separate documents to support this application. You can also provide this information confidentially at applications@industrialchemicals.gov.au.
- Giving false or misleading information is a serious offence. We may pass on the information in this form to other agencies as authorised or required by law.
- Your personal details are protected by law, including the Privacy Act 1988. Important information about how we handle your personal details is in our privacy statement at www.industrialchemicals.gov.au/privacy. You should read and understand this information before completing this form.

Please allow 10 working days for processing. Use BLOCK LETTERS.

Section 1: Your details

Name:

First name	Last name
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AICIS Business ID:

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Section 2: Details of the person to whom you are providing consent

If you are consenting to a certificate holder's application to have you covered by a certificate, provide their details in this section.

Name of the person to whom you are providing consent:

First name	Last name
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Business position

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Business name:

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AICIS Business ID:

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Section 3: Chemical information

Chemical name or AICIS Approved Chemical Name (AACN):

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Section 4: Type of consent (check all that apply)

- 1. Consent as a certificate holder for the person to be covered by a certificate
- 2. Consent as a certificate holder for the person to be added as a certificate holder
- 3. Consent as a certificate holder for the person to cancel a certificate
- 4. Consent **to** a certificate holder applying to have me covered by a certificate (provide their details in section 2)
- 5. Consent as an authorisation holder for the person to be added as an authorisation holder
- 6. Consent as an authorisation holder for the person to cancel an authorisation

AICIS assessment certificate or authorisation number:

Optional: Use this space to explain why are you providing consent or provide additional information:

Section 5: Declaration

I declare that I will not introduce this chemical unless authorised. I declare that, to the best of my knowledge, all the information I have provided is true, correct and complete.

Full name:

Signature:

Date:

Day	Month	Year
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