**EIGHTH SCHEDULE**

*(r. 19(2))*

**FORM 1**

**ENVIRONMENT MANAGEMENT AND COORDINATION ACT, CAP 387**

**APPLICATION FOR LICENCE TO MANUFACTURE/ IMPORT/ EXPORT TOXIC AND HAZARDOUS INDUSTRIAL CHEMICALS OR MATERIALS**

(To be submitted in triplicate and a soft copy)

**Contact details**

Applicant’s full name: …………………………………………………………………………..

Address: ………………………………………………………………………………………...

Tel. No.: ………………………………………………………………………………………...

Cell phone No.: …………………………………………………………………………………

E-mail: ………………………………… Fax: ………………………………………

Full Name and Address of the Manufacturer: …………………………………………………. …………………………………………………………………………………………………...

**Manufacturing site information;**

Physical Location (county, town, street,): ..................................................................................

L.R. No.: .....................................................................................................................................

G.P.S. Coordinates: .....................................................................................................................

**Environment Impact Assessment Licence:** ..............................................................................

**Product information**

* 1. Registration number: ………………………………………………………………………..
  2. Common names: ……………………………………………………………………………
  3. Chemicals or materials name: ………………………………………………………………
  4. Trade name: …………………………………………………………………………………
  5. Formulation: ………………………………………………………………………………...
  6. Concentration: ………………………………………………………………………………
  7. State of product (technical or formulated): …………………………………………………
  8. Purpose for Manufacture: ……………………………………………………………….......
  9. Quantity (Weight, Volume): ..................................................................................................

**DECLARATION BY APPLICANT**

I hereby certify that the particulars given above are correct or true to the best of my knowledge.

Name: …………………………………………………………………………………………...

Signature: …………………………………… Date: ………………………………………….

**FOR OFFICIAL USE ONLY**

Approved/Not approved: ……………….……….……………………………………………… Comments: …………………………………………………………………………………...…

Receipt No.: ……………........................ Amount (KShs): .........................................................

Officer’s Name: ……………………………………………………………………………..….. Signature: ………………………………….… Date: …….……………………………………