**FORM 13**

*(r. 31(2))*

Application Ref. No.: ………………………………….

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

**APPLICATION FOR LICENCE / PERMIT TO TRANSPORT AND / OR TRANSIT THROUGH KENYA TOXIC AND HAZARDOUS INDUSTRIAL CHEMICALS OR MATERIALS**

(To be submitted in triplicate and a soft copy)

**A. Person/ Firm/ Agent Information**

I hereby apply for a licence to transport toxic and hazardous industrial chemicals or materials of which particulars are given below:

Name of the applicant: ………………………………………………………………………….

PIN No.: ………………………………………………………………………………...............

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

E-mail Address: …………………………………………………………………………………

Licenced activity: ……………………………………………………………………………….

Exporter Registration No:……………………………………………………………………….

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

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

Contact Person:.………………………………………………………………………………...

Telephone No.: ..…………………………… Fax: .…………………………………………...

E-mail Address: …………………………………………………………………………………

Importer Registration No:……………………………………………………………………….

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

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

Contact Person:.………………………………………………………………………………...

Telephone No.:..…………………………… Fax: .…………………………………………...

E-mail Address: …………………………………………………………………………………

**B. Details of Mode of Transport / Intended carrier (s)**

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

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

Contact Person:.………………………………………………………………………………...

Telephone No.:..…………………………… Fax: .…………………………………………...

E-mail Address: …………………………………………………………………………………

Mode of transport (road, water, air): ………………………………………………………..…..

Type of Transport (vehicles/ ship / vessel/ aircraft/ other): ………………………………...…..

Registration number: ……………………………………………………………………………

Approval documents from relevant agency: …………………………………………………....

Origin and destination: ...………………………………………………………………………..

Proposed transport route on a scaled map: ……………………………………………………..

Frequency and duration: ………………………………………………………………………..

Intended period of time for transit: …………………

(Expected entry date:…………………... Expected exit date:…………………..)

**C. Inventory of Chemicals or Materials to be transported and / or on transit**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Chemicals or Material** | **UN Hazard Class** | **CAS No.**  | **HS No.** | **Unit Capacity of Container** | **Total weight or volume** |
|  |  |  |  |  |  |

**D. Hazard Assessment**

Describe the hazards of substance being transported (flammable/toxic/ explosive/ corrosive/ other): …………………………………………………………………………………………...

…………………………………………………………………………………………………...

List fire protection, spillage, release and pollution prevention / mitigation equipment in the vehicle, vessel or aircraft:

1. …………………………………………………
2. …………………………………………………
3. …………………………………………………
4. …………………………………………………

Training received by driver and emergency response team (attach document proof):

|  |  |
| --- | --- |
| **Name** | **Training and Qualification** |
|  |  |

Specific action to be taken by driver and or emergency response in the event of an incident (spill/ release/ fire / other): ………………………………………………………….

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

**E. Transport Safety**

Applicant meets the transport safety requirements provided under regulation 36 of the toxic and hazard industrial chemicals and materials regulations:

Yes No (Tick as appropriate)

**G: Emergency Response Plan**

Emergency and response plan with contents set out in the Fifth Schedule submitted:

Yes No (Tick as appropriate)

**H. Quality Assurance**

Certification of approval of the design, construction and testing of tank and tank containers for bulk toxic and hazardous chemical or material transportation: ………………..…………… …………………………………………………………………………………………………...

**I. Written Prior Informed Consent (PIC) from relevant Competent Authority of
 country of import: Has consent been given?**

Yes No (Tick as appropriate), [If “Yes”, attach copy of PIC]

**J. Any other information** ………………………………………………………………………...........................................

Attach recommendation document(s) from the relevant lead agency.

I / We …………………………………. Hereby confirm that the above information and particulars is true and correct.

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

Designation / Title: …………………………………………………………………..…………

**FOR OFFICIAL USE ONLY**

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

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

Deposit bond – 15% of Cost, Insurance and Freight value (CIF) (Refundable) (KShs):…………….…………………………………………………………………………….

Application received by (Officer’s Name): ………………………………………………..…..

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