**FORM 9**

*(r. 29(2))*

Application Ref. No.: ………………………………….

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

**APPLICATION FOR LICENCE TO DISTRIBUTE TOXIC AND HAZARDOUS INDUSTRIAL CHEMICALS OR MATERIALS**

(To be submitted in triplicate and a soft copy)

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

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

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

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

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

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

**B: Storage Facility/ies**

Location (County, Town): …………………………………………………………………….

GPS Coordinates: ………………………………………………………………………………

Type (Warehouse/ Drum Store/ Tanks / Others ): ……………………………………………...

Capacity: ………………………………………………………………………………………..

Description of the neighbourhood / surrounding environment: ………………………………...

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

Environment Impact Assessment Licence: ……………………………………………………..

**C. Inventory of Chemicals or Materials under Storage**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Chemicals or Material** | **UN Hazard Class** | **CAS No.**  | **HS No.** | **Unit Capacity of Container** | **Total weight or volume** | **Purpose: For resale / Manufacture / Export/ Import/ Own Use/ Other** |
|  |  |  |  |  |  |  |

**D. Details of Mode of Transport**

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

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

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

Approval licence/ permit/ other to transport: …………………………………………………...

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

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

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

**E. Inventory of Chemicals or Materials in Transit**

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

**F. Hazard Assessment**

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

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

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

1. …………………………………………………
2. …………………………………………………

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

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

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

1. …………………………………………………
2. …………………………………………………

Employees and emergency response team and their qualifications (attach document proof):

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

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

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

**G. Storage Requirement**

Applicant meets the storage safety requirements set out the Tenth Schedule of the toxic and hazardous industrial chemicals and materials regulations:

Yes No (Tick as appropriate)

**H. Emergency Response Plan**

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

Yes No (Tick as appropriate)

**I. Quality Assurance**

Provide certification of approval of the design, construction and testing of warehouse, storage and container tanks for bulk toxic and hazardous chemical or material transportation: ……… …………………………………………………………………………………………………...

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

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

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

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

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

Officer’s Name: ……………………………………………………………………………..…..

(Official Seal)

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