**FORM 7**

*(r. 28 (3))*

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

**APPLICATION FOR PERMIT TO USE TOXIC AND HAZARDOUS INDUSTRIAL CHEMICALS OR MATERIALS FOR MINING / EXTRACTIVE ACTIVITIES**

**Contact details**

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

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

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

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

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

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

**Mining site information;**

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

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

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

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

**Product information**

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

Common names: …………………………………………………………………………….….

Chemicals or materials name: ……………………………………………………………….….

Trade name: …………………………………………………………………………………….

Concentration: ……………………………………………………………………………….….

State of product (technical or formulated): ………………………………………………….….

Purpose for use in mining: ..…………………………………………………………….............

Quantity (Weight, Volume): ........................................................................................................

**Onsite / Mining site storage facility**: .........................................................................................

**DECLARATION BY APPLICANT**

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

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

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

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

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

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