

PUBLIC HEALTH ACT

Form 5 - Emergency Application For A Temporary Licence To Carry Out An Activity Described By Section 192D of the Public Health Act.

(In answering any questions, you may continue on a separate sheet which you must clearly mark and attach firmly to this form).

1. Name.....

2. Business Address.....

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3. Registered Address (if different).....

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4. Can you please give details of your telephone number, fax number or e-mail code

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5. When did you last apply for a licence to carry out an activity prescribed by section 192D of the Public Health Act?

(Please state your last licence's Serial Number)

6. Have any of your replies contained in your last application materially changed in the interim? Please give full details.

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7. Has your organisation been fined, judicially or administratively reprimanded or otherwise suffered any sanction resulting from any failure to uphold its legal duties?

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8. Why do you wish to apply for a temporary licence?

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9. What period do you wish to have your licence granted for?

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10. What is the nature of your emergency?

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11. For what reason(s) is an application on Form 1 not possible?

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12. Do you undertake to make a full application on Form 1 as soon as is reasonably possible?

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I certify that the information contained in this Application is true to the best of my knowledge and belief.

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(Signature)

.....

(date of application)

Please post this application to: