



Environmental Agency Gibraltar
37 Town Range
Gibraltar

APPLICATION FORM FOR OZONE-DEPLETING SUBSTANCES (ODS) QUOTA

1 **APPLICANT DETAILS:**

Full name:

Email address:

Organisation name:

Organisation ID:

2 **APPLY FOR ODS QUOTA**

a. **Substance group:**

b. **Chemical name (Common name):**

c. **Intended use:**

d. **Mass of ODS to be imported to Gibraltar (kg)**

e. **Calculated amount of ozone-depleting potential in (kg)**

Repeat the above as necessary for each gas in the space below:

Gas 1

- a.
- b.
- c.
- d.
- e.

Gas 2

- a.
- b.
- c.
- d.
- e.

Gas 3

- a.
- b.
- c.
- d.
- e.

Expand as required.

CHECK YOUR ANSWERS