

Date Received _____
 Application Control Number _____
 EMB Document Record No. _____
 EMB Official Receipt No. _ _____

APPLICATION FORM FOR PCL COMPLIANCE CERTIFICATE

1. Type of application <input type="checkbox"/> New <input type="checkbox"/> Renewal	
2. Date Prepared and Applied	
3. Applicant Information or Chemical Importer/ Distributor/ Manufacturer/End-User (SEC Registered Name and complete Address) Name of CEO/President/General Manager _____ Designation _____ Telephone _____ Fax _____	
4. Type or Category of the Applicant (Kindly check) <input checked="" type="checkbox"/> Importer-Distributor <input type="checkbox"/> Importer-User-Manufacture <input type="checkbox"/> User-Manufacturer	
5. Name of Chemical(s) to be imported and applied for PCL Compliance Certificate (Please list, if possible all the projected chemicals for importation for the year). Chemical Name CAS Registered Number 5.1 5.2 5.3 5.4	
6. Specify the attachments or documents submitted: 6.1 Material Safety Data Sheet/Safety Data Sheet 6.2 DENR Identification Number 6.3 Environmental Compliance Certificate/Certificate of Non- Coverage 6.4 Discharge Permit and Permit to Operate for APCD and/or APSI 6.5 Summary of Importation Data 6.6 Chemical Management Plan including, Management Operation Flow Chart 6.7 Contingency/Emergency Plan 6.8 List of Users/Customers (for importer/distributor) 6.9 Groundwater/Surface Water Monitoring Results (for user/manufacture) 6.10 Photos of the storage facility/warehouse 6.11 Official Receipt	
7. Signature over complete name of applicant _____	Position _____
8. Date Submitted	

ANNUAL REPORT FORM
Priority Chemical List
 CY _____

Section A: General Information	
1. Premise	
Name:	Tel. No.:
Facility Address:	Fax No.:
2. Name of the Responsible Officer	Tel. No.:
Mailing Address (if different from above):	Fax No.:
3. DENR ID Number:	_____
4. Total Number of Workforce	_____
5. Category of Business	<input checked="" type="checkbox"/> Importer-Distributor <input type="checkbox"/> Importer-User-Manufacture <input type="checkbox"/> End-User-Manufacturer
6. Type of Manufacturing Industry (i.e semi-conductor, power, laboratories, etc.)	_____

Section B: Chemical Specific Information	
7. CAS Number:	Common Name: IUPAC Name: Trade Name:
8. Confidential Business Information:	Yes No
9. Average Annual Quantity Imported:	Tonnes
10. Number of firms/companies distributed with the chemical (Refer to the attached list of customers and users, Annex "D")	_____
* 11. Average Annual Quantity Use as a Component Chemical	Tonnes
*12. Average Annual Quantity Use as a Pure Substances	Tonnes
*13. Average Annual Quantity Manufactured for Sale	Tonnes

Section C: Chemical Use and Production	
14. Specific Use of the Toxic Chemical	_____
*15. Average Annual Quantities Used and Produced	
(a) enclosed process:	Tonnes
(b) controlled release process:	Tonnes
(c) open process:	Tonnes
(d) Others (Please specify) _____	Tonnes
16. Number of workers that are directly involved in the handling, processing, and manufacturing of the toxic chemical:	_____
*17. Average annual quantities used on-site as reactant:	Tonnes
*18. Average annual quantities used on-site as a non-reactant	Tonnes
*19. Average annual quantities used on-site in the preparation of products:	Tonnes
*20. Estimate the average annual quantity of the toxic chemical for industrial use	Tonnes

Section D: Chemical Handling information

20. Summarize the description of the methods and quantities used to manage the wastes from the manufacturing, repackaging/retailing of the chemical or its use in production. This would include treatment, storage, and disposal methods: (Refer to the additional sheets in Chemical Management Plan for more details)

	Methods/Description	Quantities/volume
(a)	Storage	
(b)	Treatment	
(c)	Disposal	
21.	Exposure Controls	
22.	Describe the First Aid, Contingency and Emergency Response Measures (Use and refer to the additional sheets in the attached Contingency Plan)	

Section E: Chemical Prevention/Reduction Plan and Monitoring

24.	Pollution Prevention Plan If yes, please attach copy the prevention plan i.e. EMS, Cleaner Production,	Yes	No
25.	Chemical Substitution Plan If yes, please attach copy of the plan to describe the substitution	Yes	No
26.	Monitoring Results (for air and/or water)	See the attached Self-Monitoring Report (SMR) Submitted to the Regional Office (4 th Quarter)	

Certification

The undersigned certify that the information provided in this Form and attachments are true and accurate:

Printed Name: (General Manager/CEO) Signed: Position: Date:

Notarization

Date of Application: _____

SUBSCRIBED AND SWORN before me, a Notary Public; this _____ day of _____, affiant exhibiting to me this Community Tax Receipt:

Name	CTR No.	Issued at:	Issued on:
_____	_____	_____	_____
_____	_____	_____	_____

Notary Public

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

*** Note: Please place “not applicable” (N/A) to importers and distributors.**

