

**ANNEX G**

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

**APPLICATION FORM FOR PCL EXEMPTION**

1. Type of application <input type="checkbox"/> New		
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)		
4.1 Importer-Distributor		
4.2 Importer-User-Manufacture		
4.3 User-Manufacturer		
5. Name of Chemical(s) to be imported and applied for PCL Compliance Certificate (Please list, if possible all the projected chemicals and mixtures for importation for the year).		
Chemical Name	CAS Registered No.	Percentage Component
5.1		
5.2		
5.3		
6. Specify the attachments or documents submitted:		
6.1 Letter request		
6.2 16-sections format Material Safety Data Sheet/Safety Data Sheet		
6.3 Chemical Management Plan including, Management Operation Flow Chart		
6.4 Official Receipt		
7. Signature over complete name of applicant		Position
_____		_____
8. Date Submitted		