

**APPLICATION TO REGISTER PREMISES AS A MANUFACTURER**

Chief Poisons Inspector  
Department of Health and Families  
PO Box 40596  
CASUARINA NT 0811

**Phone:** (08) 8922 7341

**Fax:** (08) 8922 7200

I hereby apply to register premises as a Manufacturer under the *Poisons and Dangerous Drugs Act*.  
In support of my application I submit the following information:

**DETAILS OF APPLICANT**

FULL NAME	DATE OF BIRTH
ADDRESS	TELEPHONE
OCCUPATION	
PROFESSIONAL QUALIFICATIONS	

**DETAILS OF NOMINATED PERSON WHO IS RESPONSIBLE FOR OPERATIONS**

FULL NAME	DATE OF BIRTH
ADDRESS	TELEPHONE
OCCUPATION	
PROFESSIONAL QUALIFICATIONS	

**DETAILS OF BUSINESS**

NATURE OF BUSINESS	
NAME OF BUSINESS TO BE REGISTERED	
BUSINESS ADDRESS (if more than one premises, show all addresses)	
TELEPHONE	FACSIMILE
BUSINESS POSTAL ADDRESS	



State reason for application for registration and give details of nature of operations to be performed

State poisons or class of poisons to be handled or manufactured

State where poisons will be stored (specify in which part of the premises)

Give details of special security arrangements and attach a plan of the premises showing the nature and location of security devices

Is the poison for use by you in the course of your business? Yes  No

Is the poison for use by your employees in the course of their employment? Yes  No

Is the poison to be distributed or sold to other persons? Yes  No

State length of period of residence in the Northern Territory

If less than 5 years, state previous place or places of residence

I understand that the nominated person must comply with the provisions of the *Poisons and Dangerous Drugs Act*, and is responsible for the control of all poisons, and of all employees who handle the poisons.

NOMINATED PERSON'S SIGNATURE

DATE...../...../20.....

APPLICANT'S SIGNATURE

DATE...../...../20.....