



FIFTH SCHEDULE GOVERNMENT CHEMIST LABORATORY AGENCY P.O.BOX 164 DAR ES SALAAM APPLICATION FORM FOR REGISTRATION OF PREMISES

(Made under section 2 7)

| 1. Par | ticulars of the applicant: |
|--------|--|
| 1. 1 | Name: |
| 1. 2 | Address: |
| 1.3 | Telephone: |
| 1.4 | Fax: |
| 1. 5. | E-mail: |
| | |
| 2. Phy | vsical Address: |
| 2.1 | Plot No: |
| 2.2 | Street No |
| 2.3 | District: |
| 2.4 | Region: |
| | |
| | oprietor of the Premises (if different from I above) |
| 3.1 | Name: |
| 3.2 | Address: |
| 3.3 | Telephone: |
| 3.4 | Fax: |
| 3.5 | E-mail: |
| 4. | Designation Contificate No. |
| | Registration Certificate No: |
| 5. | Business License: |
| 6. | Proximity to Economic Values km or miles |
| 6.1 | Distance to the nearest water bodies. |
| 6.2 | Distance to the nearest school/college. |
| 6.3 | Distance to the nearest hospital |
| 6.4 | Distance to the nearest settlement. |
| 6.5 | Distance to the nearest industry. |
| 6.6 | Distance to the nearest recreational facilities. |
| 6.7 | Distance to the nearest farm/ranch/game reserve/national park/forest |
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| 7. Lis | t of chemicals to be handled (where applicable): |
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| | |
| Signa | ture |
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| Duit. | |