



AMMONIUM NITRATE (AN) HANDLING PERMIT APPLICATION FORM. Name of Vessel: Voyage: AN Cargo Owner/Agent: Port______ Vessel Berth/Location:_____ Maximum Quantity to unload from vessel, handle & store on land: Importer to state the purpose for importing such quantity of AN: Duration of operation: Start Date:_____ End Date:_____ AN Storage Location: (Coordinates) In dealing with the dangerous goods, the applicant acknowledges and certifies that: (a) There are no damage, deterioration or leakage of AN containers of dangerous goods described in the attached list, (b) The following are applicable particulars relating to damaged, deteriorated or leakage AN containers containing dangerous goods:- (list attached), (c) A valid & certified copy of security clearance certificate/permit/license, etc. by local state agency, e.g. Police, of the AN handling entity or company is attached **Applicant Details:** _____(Owner/Master or Agent) will accept all I (name)_____ conditions specified in this form, the AN Handling Permit, the Harbours Act Ch. 240, Port (Management & Safety) Regulation 2010. Signature: Position: Date: _____ Company Seal

Contact Number:____