



Republic of Palau EQPB **ODS IMPORT PERMIT Application**

ODS and Goods Containing ODS DEALER PERMIT

FOR EQPB USE ONLY	APPLICATION NO.: _____
PERMIT #: _____	PERMIT EXPIRARY DATE: _____
DATE APPLICATION RECEIVED: _____	
IMPORT/RECEIPT REPORT SUBMITTED: _____ <input type="checkbox"/> COMPLETE <input type="checkbox"/> INCOMPLETE	

1. Application for:

<input type="checkbox"/> Initial Permit*	<input type="checkbox"/> Permit Renewal	Permit # _____
*If logs/records are not available, provide best estimate of yearly consumption. **Applicants must attach the previous year's total purchase/receipt and sales/distribution logs/report.		
NOTE: Applications for Quarantine/Pre-shipment Licenses must be made under the PEQPB ODS Dealer Application.		

2. Company/Agency Information

Company Name:		Owner's Name:
Address and Location:	P.O. Box #:	National Bus. Lic. #:
	State: Hamlet:	State Bus. Lic. #
Telephone #:		Fax #:
Email:		Web Address:

3. Applicant Information—Person Responsible for Import/Purchase/Sale/Distribution

Name:		Title:
Telephone #:		Fax #:
Email:		

4. Vendor or Exporter Information (Company you are ordering ODS and Equipment from, Use additional pages if needed)

Name of company		Exporting Lic.#	
Physical Address		City and Country	
Phone Number		Fax Number	
Email Address		Web Site	
Contact Person		Title	



ODS and Goods Containing ODS DEALER PERMIT

5. Type of Business *(including any other business operation under the above management)*

What is your main area(s) of business in the refrigeration/AC area? *check all that apply*

- a) Installing
- b) Selling
- c) Servicing
- d) Other *(specify)* _____

6. Type of Imports

What do you wish to import? *check all that apply*

- a) Controlled substances
- b) Apparatus
- c) Equipment

7. Controlled Substances *(*all licenses are issued for a period of one year)*

A. Pure chemicals *(use chemical code names)*

Controlled Substance	Requested Quantity (kg)	Trade Name	Exporting Country	*Intended Use

B. Mixtures *(state chemical code names)*

Trade Name	Chemical composition (% of each controlled substance)	Requested Quantity (kg)	Exporting Country	*Intended Use

*Refer to Intended Use codes on page 4.



ODS and Goods Containing ODS DEALER PERMIT

C. Apparatus and Equipment containing controlled substance

Type	Quantity	Sub-stance	Intended Use	Brand Names

8. All applicants must initial the following:

I understand that I must submit a Notice of Intent to Import ODS and Devices in order to import ODS or to accept shipments of ODS. <p style="text-align: right;">Initials: _____</p>	I understand that I must keep records for five (5) years of the following: 1) import/receipt and 2) sale/distribution. Annual reports detailing such shall be submitted to the EQPB before the end of January each year. <p style="text-align: right;">Initials: _____</p>
---	---

Application is hereby made for ODS and Goods Containing ODS Dealer Permit, authorizing me to purchase, receive, sell, distribute and store controlled substances and/or goods containing controlled substances. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief, such information is true, complete and accurate.

Signature of Applicant

Printed Name of Applicant

Date

For all non-government entities, a \$100.00 fee is to be paid to the Palau National Treasury. For the purpose of maintaining control of QUOTA each import permit shall expire on NOVEMBER 30 of each year. All licenses may be revoked by the EQPB at any time for any violation of Regulations 2401-73 .



ODS and Goods Containing ODS DEALER PERMIT

Intended Use Category Codes		
1.0 Refrigeration	2.0 Air-conditioning	3.0 Other (specify)
1.1 Commercial	2.1 Commercial	
1.2 Domestic	2.2 Domestic	
1.3 Transport	2.3 Transport (both commercial and domestic)	

FOR EQPB USE ONLY

RECOMMENDATION

INFORMATION PROVIDED IN APPLICATION: ACCURATE INACCURATE (SPECIFY BELOW)

APPLICANTS BASE YEAR CONSUMPTION: _____

PREVIOUS YEAR, 20, TOTAL IMPORTS: _____

QUOTA APPLIED FOR: _____ & REPRESENTS _____% REDUCTION ON IMPORTS

BASED ON ALL INFORMATION SUBMITTED BY APPLICANT, A QUOTA IS

RECOMMENDED: TOTAL QUANTITY _____

THIS REPRESENTS A _____% REDUCTION ON IMPORTS

NOT RECOMMENDED:

UNTIL ALL DATA SUBMITTED IS COMPLETE AND ACCURATE

SIGNATURE OF ODS OFFICER: _____

DATE: _____

✧ BASE YEAR LEVEL: 2015

✧ FREEZE: JANUARY 1, 2016



ODS and Goods Containing ODS DEALER PERMIT

DECISION

QUOTA AMOUNT: _____

BY THE AUTHORITY VESTED IN THIS BOARD BY SECTION 129 OF TITLE 24 OF THE PALAU NATIONAL CODE AND THE ENVIRONMENTAL QUALITY PROTECTION BOARD REGULATIONS ISSUED PURSUANT THEREOF, _____ IS HEREBY AUTHORIZED TO IMPORT THE FOLLOWING QUANTITIES OF CONTROLLED SUBSTANCES INTO THE REPUBLIC OF PALAU.

PURE CHEMICALS	
CONTROLLED SUBSTANCES	QUANTITY (KG)

MIXTURES		
CONTROLLED SUBSTANCES	QUANTITY (KG)	

THE ABOVE QUOTA MAY ONLY BE IMPORTED FROM THE FOLLOWING COUNTRIES:

_____	_____
_____	_____
_____	_____
_____	_____

IMPORTATION OF THESE SUBSTANCES SHALL BE SUBJECT TO THE REQUIREMENTS OF THE PALAU NATIONAL CODE AND THE EQPB REGULATIONS.

THIS QUOTA SHALL BE VALID FOR A PERIOD OF ONE YEAR, COMMENCING ON DATE OF ISSUANCE OF DEALER LICENSE. CORRESPONDING DEALER LICENSE #: _____

UNTIL DECEMBER 31ST OF EACH YEAR

SIGNATURE OF THE CHAIRMAN OR HIS DULY AUTHORIZED REPRESENTATIVE

DATE