

Appendix 4: Form for basic information of an operator of priority management chemicals

I. Operator Information			
Name of Operator (Full name)		Name of responsible person	
Unified Business Number. or Factory Registration Number			
SIC Code	(Refer to Standard Industrial Statistic Classification of the R.O.C., Taiwan at four digit level)		
Registered Address of the Operator	□□□		
II. Operating Site			
Name of the Operating Site (Full name)			
Address of the Operating Site	□□□		
	2-degree transverse Mercator:		
	Name of industrial park/ science park (If the condition does not apply, please leave it blank.)		
III. Contact Person			
Name of the Contact Person		Telephone	()
Name of the Department		Fax number	()
Job Title		E-mail	@

Declaration

I (We), the Operator _____, Responsible Person _____ declare:
The responsible person hereby, on behalf of the Operator, in accordance with the Regulations for Governing Designating and Handling of Priority Management Chemicals, truthfully files this report on related information of priority management chemicals present at _____ workplace(s), to the central competent authority. The responsible person accepts liability under the Occupational Safety and Health Act, if the information is found to be incorrect or incomplete.

Signature of the Operator _____

Stamp or Signature of the Responsible Person _____

Date of Submission: (year/month/day) / /

Contact Person: _____ (Stamp or Signature)

Note:

1. If there are two or more, or separately located operating sites, the operators from different operating sites shall individually file a report. The operating information of individual operating site (as specified in Appendix 5) is to be registered onto the designated information website.
2. The declaration herein stamped and signed by the operator shall be submitted to the designated information website together with a license copy of company registration, business registration, factory registration, or other documents verifying its establishment.
3. This declaration shall be stamped by the operator and the responsible person.