THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR

 MINISTRY OF HEALTH

 CHIEF GOVERNMENT CHEMIST LABORATORY AGENCY

 

 P.O.BOX 759

 ZANZIBAR

**APPLICATIONS FORM FOR REGISTRATION OF A CERTIFICATE HOLDER**

**1. Particulars of the applicant**:

1. 1 Name: ……………………………………………………………………………...

1. 2 Address: ……………………………………………………………………………

1. 3 Telephone: …………………………………………………………………………

1. 4 Fax: ………………………………………………………………………………...

1. 5 E-mail: …………………………………………………………………………….

**2. Contact Person (if different from above):**

2.1 Name: ………………………………………………………………………………

2.2 Address: …………………………………………………………………………....

2.3 Telephone: …………………………………………………………………………

2.4 Fax: …………………………………………………….…………………………..

2.5 E-mail: ……………………………………………………………………………..

**3. Physical address:**

3.1 Plot No: ………………………………………………………………………….....

3.2 Street No…………………………………………………………............................

3.3 District: …………………………………………………………………………….

3.4 Region: ……………………………………………………………………………..

**4. Drainage Basin (for producers and large scale users only)**

4.1 Basin I

4.2 Basin 2:

4.3 Basin 3:

4.4 Comments:

5. Business License: …………………………………………………………………..

6. **List of chemicals to be handled (where applicable**):

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

***Signature***…………………………………………

***Date***……………………………………………

Official stamp

**OFFICIAL USE ONLY**

Name of the officer…………………..Designation……………….

Signature……………………………., Date……………..

**Decision**; - Accepted/ Rejected………………………………

 Reason for rejection if any