Kingdom of Bahrain The Supreme Council for Environment





IMPORTATION / EXPORTATION FORM OF OZONE DEPLETING SUBESTANCES ODS

Name of the Ozone Officer who received application: Jaffar Ahmed Salman Signature of the Ozone Officer who received application:
APPLICATION*
FOR RECOMMENDATION FOR IMPORT/EXPORT IN YEAR OF OZONE-DEPLETING SUBSTANCE (ODSs) $$
• to be filled out by importer or exporter/
Information about applicant
Name of the applicant (Establishment)
Detailed address of the applicant:
P.O Box: Building #: Road #: Block #:
Area:
Telephone #Fax number: E-mail # :
Information about imported/exported ODS
1. Name of ODS (Trade, Chemical & %):
2. Customs Code (GHS):
1. Manufacturer (country, company):
2. Imported from / Exported to:
6. Reminder from Quota in (kg):-
Notice (If the application concerns ODS containing minture) the name of the
Notice: If the application concerns ODS-containing mixture/, the name of the blend, its composition (wt %) and names of components should be specified.(i.e. R-502, contains 73 % R-12)
Notice : Provide all related documents (mentioned in Article 4 of the Order No. (1) of 1999).

P.O. Box: 18233 - Tel: 17386999 - Fax: 17920213 Page **1** of **2**

Kingdom of Bahrain The Supreme Council for Environment





7. Name of the sector of particular application where the imported/exported
ODS will be used:-
1)
2)
3)
8. Recycled CFCs:-
Give the name and address of the company where reclamation was made and
specify ODS purity:
specify ODS purity.
Notice: Provide certificate from the recycling center.
HERBEY THE UNDERSIGHED, BEING THE IMPORTER / EXPORTER'S
REPRESINTATIVE UNDER TAKE THE RESPENSIBLILITY OF ALL CORRECT
INFORMATION PRESENTED IN THIS FORM, AND THAT ALL DOCUMENTS
ENCLOSED ARE CORRECT:
Name:
Name
Company/Position:
Date:
Signature/ Stamp:

P.O. Box: 18233 - Tel: 17386999 - Fax: 17920213 Page **2** of **2**