

**ENVIRONMENT PROTECTION AUTHORITY
APPLICATION TO RETAIN POSSESSION OR
CONTROL OF A HALON FIRE SUPPRESSION SYSTEM OR
PORTABLE HALON FIRE EXTINGUISHER**

COMPANY NAME / OWNER:.....**PHONE**.....
(Business name is not acceptable)

COMPANY REGISTERED OFFICE ADDRESS
.....
.....**POSTCODE**.....

MAILING ADDRESS:.....
(If different from Company's Address).....
.....**POSTCODE**.....

**LOCATION WHERE HALON PORTABLE OR FIXED FIRE SUPPRESSION
EXTINGUISHER / SYSTEM IS INSTALLED**

For Sea vessel or aircraft please write registration number and State of registry;

ADDRESS / REGISTRATION:
.....
.....**POSTCODE**.....

LOCATION:.....

SIZE (KGS) OF SYSTEM:.....

HALON SUBSTANCE:.....

USE OF AREA WHERE FIRE SUPPRESSION SYSTEM IS INSTALLED:
(i.e. engine room, cockpit etc)
.....
.....
.....

FOR OFFICE USE ONLY

Application No.:.....*Date Received:*.....
Recommendation:.....*Authority Decision:*.....
Consent No......