

UPDATED FORMS TO BE USED BY IMPORTERS

ST KITTS AND NEVIS ST KITTS AND NEVIS

NATIONAL OZONE UNIT

DEPARTMENT OF ENVIRONMENT

APPLICATION FOR IMPORT LICENSE FOR

OZONE DEPLETING SUBSTANCES (ODS) 2024

Importer Code: _____

Importer Contact No. _____

Registered Importer: _____
(Registered importer's name)

Name of Enterprise: _____

Address of Enterprise: _____
(Enterprise address)

Date: _____

Sir/Madame,

As a Registered importer of ODS, with an annual quota of _____ ODP kg,

I hereby apply for a license to import the following ODSs:

Name of ODS	HS Code	Annual Quota		Amt. Imported for current year	Amt. to be imported		Country of Export
		Kg	ODP Kg		Kg	ODP Kg	

Approximate Date of arrival: _____

Importing Year: _____

Cumulative Import to date for importing year: _____

Quantity of Current Import: _____

Quantity Available for Import: _____

Authorised Officer: _____

Date: _____

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NATIONAL OZONE UNIT

DEPARTMENT OF ENVIRONMENT

**APPLICATION FOR REGISTRATION AS AN IMPORTER OF OZONE DEPLETING
SUBSTANCES (ODS)**

Name of Applicant: _____

Name of Enterprise: _____

Street Address of Enterprise: _____

Tele No: _____

Fax No.: _____

Email: _____

_____ of _____ hereby applies for registration
(Applicant's name) (Enterprise name)

As an importer of the following types of ODSs

HFCs Types: _____ HS Code: _____

HCFCs Types: _____ HS Code: _____

Halons Types: _____ HS Code: _____

Carbon tetrachloride

1, 1, 1 –tetachloroethance

Other Types: _____ HS Code: _____

Signature of applicant: _____ Date: _____ .

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NATIONAL OZONE UNIT

DEPARTMENT OF ENVIRONMENT

CERTIFICATE OF REGISTRATION

TO IMPORT OZONE DEPLETING SUBSTANCES (ODS)

Importer Code.: _____

Importer Contact No.: _____

This is to certify that _____
of _____ operating in _____
(Enterprise name) (Street address)

is a registered importer of the following ODS:

HFCs Types: _____ HS Code: _____

HCFCs Types: _____ HS Code: _____

Halons Types: _____ HS Code: _____

Carbon tetrachloride

1, 1, 1 -tetrachloroethane

Other Types: _____ HS Code: _____

Name of Authorised Officer: _____

Title of Authorised Officer: _____

Signature: _____ . Date: _____