|  |  |
| --- | --- |
|  | ***Template Form for Applications for Competent Authority Approvals, Exemptions and Multilateral Agreements (MLAs)*** |

**Health and Safety Authority**

**Request for Competent Authority Approvals, Exemptions and Multilateral Agreements (MLA).**

**(Requestor to complete section A and submit completed form to** **wcu@hsa.ie****)**

**Section A**

**a. Requestor** (Name, address, contact person, telephone and email):

|  |
| --- |
|  |

**b. Approval, exemption or MLA sought** (provide details as to the nature of the request, existing provisions and alternative proposals as appropriate):

**c. Hazard details** (item or substance, transport category etc):

|  |
| --- |
|  |

**d.** **Justification** (safety, environmental, new technology, cost etc)

**e. Risk** (those at risk, transport operation details, environmental issues, bulk or packaged goods, scale of activity, indication of likelihood of incident etc):

**f. Control measures** (handling restrictions, packing, marking, labelling requirements etc):

**g. Other Factors** (precedent set in other Member States, new technology, economic factors, duration and extent of activity and any other relevant information.)

**Section B**

**Health and Safety Authority Findings and Recommendations**

**Signed:**

**Inspector**

**Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed:**

**Senior Inspector**

**Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed:**

**Assistant Chief Executive**

**Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**