

HSA Application for Authorisations



An tÚdarás Sláinte agus Sábháilteachta
Health and Safety Authority

Please complete all sections of the form. If not applicable, insert N/A.

Authorisation Request

Ref No: (For office use only)	
Date of Application	(DD/MM/YYYY)
Type of Authorisation	Competent Authority Approval <input type="checkbox"/> Competent Authority Exemption <input type="checkbox"/> Competent Authority Recognition <input type="checkbox"/> Multilateral Agreement <input type="checkbox"/>

Applicant details

Company Name	<input type="text"/>
Address	<input type="text"/>
Contact Person	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

Details of application

For example:

- Provide the classification of the relevant dangerous substance(s) or article(s) (include the UN No. and relevant details from Table A in ADR 3.2.1)
- Outline how the dangerous substance(s) or article(s) will be transported (transport equipment, tank, vehicle, packaging)
- Indicate the relevant provision under ADR to which the authorisation applies
- Give details of alternative proposals, if applicable
- Indicate the duration for which the authorisation is requested

Background and justification for the authorisation

For example:

- Explain why the authorisation is required
- Outline any safety or environmental considerations
- Indicate if there are cost implications if the authorisation is not approved

Risk(s) associated with the authorisation

For example:

- Persons at risk
- Transport operation details
- Environmental issues
- Scale of activity
- Indication of likelihood of incident

Control measures to mitigate the risk

For example:

- Additional inspections, checks, training
- Handling restrictions
- Packing, marking and labelling requirements

Other factors

For example:

- Precedent set in other Contracting Parties
- New technology
- Economic factors
- Duration and extent of activity