HSA Application for Authorisations



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 Competent Authority Exemption Competent Authority Recognition Multilateral Agreement
Applicant detail	s
Company Name	
Address	
Contact Person	
Telephone	
Email	

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		

For example:

Risk(s) associated with the authorisation

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

Control measures to mitigate the risk

ľ	For example:		
•	Additional inspections, checks, training		
•	Handling restrictions		
•	Packing, marking and labelling requirements		
Γ			

Other factors

For example:

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