

Application for Authority to receive

Industrial Denatured Alcohol/Trade Specific Denatured Alcohol*

Part A. *I/We (name of company, partnership, proprietor, as appropriate)

apply for authority to receive IDA/TSDA* formulation(s)

.....
.....

for use at (address of premises):

.....
.....

Type of business/activity.....

VAT Registration Number.....

Part B The *IDA/TSDA is to be used for the following purpose(s):

.....
...

Part C (only for requests to use TSDA for a use not previously approved) CDA/IDA is unsuitable because

.....

Part D *My/Our estimated annual requirement is:

*Industrial Denatured Alcohol.....litres

*Trade Specific Denatured Alcohol.....litres

Signature.....

Full name.....

Status.....

(proprietor, partner, director, company secretary etc.)

Date.....

Telephone Number.....

Fax Number.....

E-mail address.....

*Delete as necessary