



Receipt No.....  
 Date.....  
 Signed..... Receiver  
 Rank.....

## Application for Renewal of Letter of Permission to Distribute, Possess, Use or Transform

### Ether Chemical Solution (Ether) and Chloroform Chemical Solution (Chloroform)

-----  
 Date..... Month..... B.E.....

#### **1. Name of Applicant**

1.1 In Case of Juristic Person (Company/Partnership)....., Registration Number.....,  
 Head Office Located at No. ...., Alley/Lane....., Road....., Sub-district/Sub-area.....,  
 District/Area....., Province....., Postal Code....., Telephone.....,  
 Facsimile....., E-mail.....

1.2 In Case of Ordinary Person (Mr./Mrs./Ms.)....., Number of Identity Card.....,  
 Address No. ...., Alley/Lane....., Road....., Sub-district/Sub-area.....,  
 District/Area....., Province....., Postal Code....., Telephone.....,  
 Facsimile....., E-mail.....

#### **2. Details on Applying for Permission**

##### 2.1 to Distribute

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Ether Chemical Solution (Ether)           | Volume.....Kilogram (s) / Litre (s) |
| <input type="checkbox"/> Chloroform Chemical Solution (Chloroform) | Volume.....Kilogram (s) / Litre (s) |

##### 2.2 to Possess

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Ether Chemical Solution (Ether)           | Volume.....Kilogram (s) / Litre (s) |
| <input type="checkbox"/> Chloroform Chemical Solution (Chloroform) | Volume.....Kilogram (s) / Litre (s) |

##### 2.3 to Use

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Ether Chemical Solution (Ether)           | Volume.....Kilogram (s) / Litre (s) |
| <input type="checkbox"/> Chloroform Chemical Solution (Chloroform) | Volume.....Kilogram (s) / Litre (s) |

##### 2.4 to Transform

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Ether Chemical Solution (Ether)           | Volume.....Kilogram (s) / Litre (s) |
| <input type="checkbox"/> Chloroform Chemical Solution (Chloroform) | Volume.....Kilogram (s) / Litre (s) |

#### **3. Place of Business Operation (in the case where the place to distribute, possess, use or transform differs from the place under Clause 1)**

Place to Distribute Located at No. ...., Alley/Lane....., Road....., Sub-district/Sub-area.....,  
 District/Area....., Province....., Telephone ..... , Facsimile.....,  
 E-mail.....

Place to Possess Located at No. ...., Alley/Lane....., Road....., Sub-district/Sub-area.....,  
 District/Area....., Province....., Telephone ..... , Facsimile.....,  
 E-mail.....

Place to Use Located at No. ...., Alley/Lane....., Road....., Sub-district/Sub-area.....,  
District/Area....., Province....., Telephone ....., Facsimile.....,  
E-mail.....

Place to Transform Located at No. ...., Alley/Lane....., Road....., Sub-district/Sub-area.....,  
District/Area....., Province....., Telephone ....., Facsimile.....,  
E-mail.....

Certify that the statements as given above are true in all respects.

Signed.....Person who can sign to bind a juristic person/Owner  
(.....)  
Position.....

Signed.....Person who can sign to bind a juristic person/Owner  
(.....)  
Position.....

(a juristic person's seal to be stamped) (if any)

Date.....Month.....B.E.....