



**Australian Government**  
**Australian Maritime Safety Authority**

## **Application for New Listing of an Oil Spill Control Agent (OSCA) Under the Australian National Plan for Maritime Environmental Emergencies (The National Plan)**

### **Part A: Instructions**

**All Applicants should read the instructions before completing the Form.**

- 1 Application may be made by manufacturers, distributors or intended users of the Oil Spill Control Agent.
- 2 If an OSCA is sold, distributed or used under different name to the one under which it accepted then a new application must be made. In such circumstances retesting is not required provided the product formulation and intended use have not changed
- 3 All new products submitted for approval must be tested as required in the AMSA OSCA Protocol. This may include efficacy, toxicity and biodegradation testing.
- 4 Tests must be undertaken at an AMSA approved laboratory.
- 5 Costs of testing and other acceptance costs must be paid by the Applicant.
- 6 Note: Acceptance of the OSCA, labelling and packaging by AMSA does not alter the need for the product, packaging and labelling to conform to other legislative requirements.
- 7 AMSA will maintain an electronic register of products currently listed for use under the National Plan on the AMSA website.

### **Part B: Applicant's Details**

Title	First name	Initial	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### **Company**

Name
<input type="text"/>

ABN No.	ACN No.
<input type="text"/>	<input type="text"/>

#### **Address**

Level/Unit	Number	Street		
City/Town		State	Country	Postcode

#### **Contact**

Telephone	Mobile	Facsimile
Email		

## Part C: Purpose of Application

Product name

Type (*Refer to Protocol Table 1.1*)

Sub-type

Environment in which product is to be used

☐ At sea   ☐ On shore   ☐ Other (specify)

## Part D: Manufacturer's Details

Title

First name

Initial

Surname

### Company

Name

ABN No.

ACN No.

Address

Level/Unit	Number	Street			
City/Town		State	Country		Postcode

Contact

Telephone	Mobile	Facsimile
Email		

Name and address of plant where product is to be made

## Part E: Product Description

Product name

Other names under which product is, or has been, distributed (e.g. overseas)

Colour

Clarity

Form

☐

Liquid

☐

Liquid concentrate

☐

Powder

☐

Granules/Pellets

☐

Other (specify)

Density

Viscosity @20°C

Kinematic

cSt

or

Dynamic

cP

Flash point

 °C

Pour point

 °C

Cloud point

 °C

Miscibility in water

Solubility in water

Product formulation (in confidence)

Storage requirements

Special handling requirements (include PPE etc)

Intended method of application

Recommended dose or application rate (product: oil volume or product volume or weight per unit area)

## Part F: Previous Testing

Has product been previously submitted for assessment by AMSA?

No ☐

Yes ☐

If yes: Name under which product was submitted for assessment

Date submitted

D D M M Y Y Y Y

Has product been tested under overseas national approvals procedures?

No ☐ Yes ☐ If yes, give details of assessment

Efficacy:  
Details

☐

No

☐

Yes

☐

No

☐

Toxicity:  
Details

☐

No

☐

Yes

Other : Yes Details

## Part G: Supporting Documentation Checklist

- ☐ Completed application form (This form)
- ☐ Product description (Part E)
- ☐ Proposed Product Container Label (See Table 1.4 of the Protocol)
- ☐ Safety Data Sheet (SDS) (See Section 4.3 of the Protocol) National
- ☐ Plan Test Reports (As per Sections 5 of the Protocol)
- ☐ Other (overseas testing reports if available)

## Part H: Declaration

**Before signing this declaration make sure that the information provided in this form is complete and correct and that the required supporting documents have been attached.**

I agree that if my application is approved my company name and address and product name and type will be entered on a public register of accepted products.

I agree that the testing information can be supplied to combat agencies, as defined within the National Plan, to inform decision making during oil spill response operations.

Signature .....

Printed Name ..... Date ..... / ..... /20.....

## Please return this form to:

Manager, Response Planning  
Response  
Australian Maritime Safety Authority  
GPO Box 2181  
Canberra ACT 2601

**Additional Comments or Requests**