

TANZANIA FERTILIZER REGULATORY AUTHORITY



FIFTH SCHEDULE

Made under regulation 6(1)

FORM FR 5

The Executive Director,
Tanzania Fertilizer Regulatory Authority
P.O. Box 46238,
DAR ES SALAAM

APPLICATION FOR REGISTRATION OF STERILIZING/MANUFACTURING PLANT

SECTION A:

TO BE FILLED BY AN APPLICANT WHO DESIRES TO SET UP OR OPERATE
STERILIZING PLANT

1. Applicant particulars
Registered business name
Registered trade mark of the business (if any)
Plot Number.....Street
Ward LGA Region
Postal address
TelephoneE-mail
2. What part of animal carcasses are being sterilized
3. Whether dry steam sterilizing process is applied (Yes/No)

4. If the answer to 3 is “Yes”, give the particulars of each digester

Type of digester	Number of digesters	Capacity	Maximum Steam Pressure per cm ²
Wet steam			
Dry steam			
Total			

5. Whether sterilized substance is to be dried in open air or by special installation

.....

6. If a special Drying Installation is used, state whether a rotating Pot is used, and whether heat is applied by steam or open fire

7. Whether Environmental Impact Assessment (EIA) Certificate has been issued to the applicant by relevant Authority (Yes/No) date of issue

8. The plant will be under the supervision of Mr /Ms /Mrs./Dr./Prof (Full name) whose qualification is.....

9. Applicant declaration

I, the undersigned, declare that the information supplied above is correct and I understand that false declaration of information constitutes to an offence

Name of Authorized officer(s).....

Signature of Authorized officer (s).....

Title.....

Date

Official Stamp

Attachments

1. Particulars of plant ownership
2. Process flow chart
3. Sterilizing plant layout
4. Academic and professional credentials of the technical officer
5. Certificate of Environmental Impact Assessment

SECTION B:

TO BE FILLED BY AN APPLICANT WHO DESIRES TO SET UP OR OPERATE A
FERTILIZER OR FERTILIZER SUPPLIMENTS MANUFACTURING PLANT

1. Applicant particulars

Registered business name

Reregistered trade mark of the business (if any)

Plot Number.....Street

Ward LGA Region

Postal address

TelephoneE-mailLocation

2. Installed annual manufacturing capacity

3. The plant will be under the supervision of Mr./Ms./Mrs./Dr./Prof (Full name)
whose qualification is.....

4. Applicant declaration

I, the undersigned, declare that the information supplied above is correct and I understand that
false declaration of information constitutes to an offence

Name of Authorized officer(s).....

Signature of Authorized officer (s).....

Title.....

Date

Official Stamp

Attachments

1. Particulars of plant ownership
2. Process flow chart
3. Manufacturing Plant layout
4. Academic and profession credentials of the technical officer
5. List of product names and their grade
6. Certificate of Environmental Impact Assessment