

Appendix 7: Form for changing the operating information for the priority
management chemicals report

Name of the operator (original)	
Unified Business Number.	
Factory Registration Number	(Non-factory operators are exempt from filling out the factory registration number.)
Reasons for Alternation	<input type="checkbox"/> Change to the operator's basic information. <input type="checkbox"/> Others___(please provide detailed information)
Declaration I, the operator, do hereby confirm this application to change the operating information of the priority management chemicals is made according to the Regulations for Governing Designating and Handling of Priority Management Chemicals. Information related to the changes has been submitted to the designated information website accordingly. Signature of the Operator _____ Stamp or Signature of the Responsible Person _____ <div style="text-align: right;"> Date of Submission: (year/month/day) / / Contact Person: _____(Stamp or Signature) </div>	

Note:

1. For an operator to apply for a change to the operator's basic information (including the name of the operator, responsible person, name and address of operating site), one must fill in this form, re-register the updated information and provide supporting documents.
2. If there are two or more, or separately located operating sites, the operators from different operating sites shall file a report individually and register the operator information of this Appendix onto the designated information website.
3. This declaration shall be stamped by the operator and the responsible person.