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| **Application form for the authorisation of the use of alternative systems for the disinfection of cutting tools in abattoirs and game handling establishments** | foodgovlogo |
| Regulation (EC) 853/2004, Annex III, Sections, I, II & IV. |
| **PART 1 – Establishment for which authorisation is sought** |
| Approval number |  |  |
|  |
| Establishment approval name |   |
|  |
|  |
| Full establishment address (inc. Postcode) |  | Telephone number |  |
|  |
| Fax number |  |
|  |
| Email |  |
|  |
|  |  |  |  |
| **PART 2 – Information and documentation**  |
| The following information is required in order to process your application and should be made available to the plant Field Veterinary Leader/Field Veterinary Coordinator. |
| * A description of the trial protocol, including [ ]
* Details of the trial proposal protocol [ ]
* Details of the trial procedures [ ]
* Details of the trial sampling procedures [ ]
* Details of the verification procedures post-implementation [ ]
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|  |
| Name in BLOCK LETTERS |  | Date |  |
|  |
| Signature(not required if emailed) |  |