

Application form for the authorisation of the use of alternative systems for the disinfection of cutting tools in abattoirs and game handling establishments

Regulation (EC) 853/2004, Annex III, Sections, I, II & IV.



PART 1 – Establishment for which authorisation is sought

Approval number	<input type="text"/>		
Establishment approval name	<input type="text"/>		
Full establishment address (inc. Postcode)	<input type="text"/>	Telephone number	<input type="text"/>
		Fax number	<input type="text"/>
Email	<input type="text"/>		

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

Name in BLOCK LETTERS	<input type="text"/>	Date	<input type="text"/>
Signature (not required if emailed)	<input type="text"/>		