**编号：**

**危险化学品经营许可证**

**换证申请表**

|  |  |  |  |
| --- | --- | --- | --- |
| **原经营许可证号** |  | | |
| **申请企业全称** |  | | |
| **注册地址** |  | | |
| **仓储地址** | **批发无仓储** | | |
| **法定代表人** |  | **电 话** |  |
| **经 办 人** |  | **电话** |  |
| **填报日期** |  | | |

舟山市应急管理局 制样

**申请表填写说明**

**1、本表用钢笔、签字笔填写（切勿草书）或利用网络打印，同时要制作电子文档。**

**2、本表封面上的“编号”由发证机关填写。**

**3、本表的“名称”、“地址”、“网址”和“信箱”栏目填写全称。**

**4、本表中的“法人类型”填写“法人企业”或“非法人企业”。**

**5、本表中的“经济性质”，按照国家统计局和原国家工商行政管理局《关于划分企业登记注册类型的规定调整的通知》（国统字[2011]86号）划分的企业类型填写。**

**6、本表中的“申请经营方式”填写“仓储经营”、“带储存经营”、“不带储存经营（批发无仓储）”、“不带储存经营（店面零售经营）”。**

**7、本表中“工商登记机关”栏目，应当填写营业执照的发证机关。**

**8、本表中的“申请经营危险化学品范围”栏目：“品名”应为《危险化学品目录》（2015版）和《剧毒化学品目录》(2015年版)中的化学品名称；单位若有储罐区，应填写储罐数量，单罐容积；若无储罐区而有液体化学品储存，应填写“液体储量”；固体化学品填写“固体储量”；若为剧毒品、易制毒品，请在相应栏目表格中打“√”。**

**9、申请企业应同时将相关信息从网络向安全生产监管部门申报。**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 企业名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注册地址 |  | | | | | | | | | | | | | | | | | | 邮政编码 | | | |  | | | | |
| 所在区域 |  | | | 市 | | |  | | | | | 县(市、区) | | | | | | |  | | | | 乡镇(街道) | | | | |
| 经营地址 |  | | | | | | | | | | | 产权 | | | | |  | | | 是否进入市 场 | | | | |  | | |
| 所在区域 |  | | | 市 | | |  | | | | | 县(市、区) | | | | | | |  | | | | 乡镇(街道) | | | | |
| 法人类型 |  | | | 法定代表人  (主要负责人) | | | | | | |  | | | | | | | | 电 话 | | | |  | | | | |
| 经济性质 |  | | | | | | | | | | 申请经营方式 | | | | | | | |  | | | | | | | | |
| 企业网址 |  | | | | | | | | | | 企业邮箱 | | | | | | | |  | | | | | | | | |
| 主管单位 |  | | | | | 工商登记  机 关 | | | | |  | | | | | | | | 工 商  注册号 | | | |  | | | | |
| 安全主管人 |  | | | | | 电 话 | | | | |  | | | | | | | | 传 真 | | | |  | | | | |
| 职工人数 |  | | | | | 技术管理  人 数 | | | | |  | | | | | | | | 安全管理  人 数 | | | |  | | | | |
| 注册资本 | 万元 | | | | | 固定资产 | | | | | 万元 | | | | | | | | 上 年  销售额 | | | | 万元 | | | | |
| 储存地址 |  | | | | | 建筑结构 | | | | |  | | | | | | | | 建筑面积 | | | | m2 | | | | |
| 储罐结构 | | | | |  | | | | | | | | 储存能力 | | | | m3 | | | | |
| 所在区域 |  | | | 市 | |  | | | | | 县(市、区) | | | | | | | |  | | | | 乡镇(街道) | | | | |
| 安全评价  机构名称 |  | | | | | | | | | | | | | | | 安全评价  报告编号 | | | | | |  | | | | | |
| 主要管理  制度名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **主要安全设施工、器具配备情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 | | 型号、规格 | | | | | | | 数量 | | | | | 状况 | | | | | | | | | | | | 备注 | | |
|  | |  | | | | | | |  | | | | |  | | | | | | | | | | | |  | | |
|  | |  | | | | | | |  | | | | |  | | | | | | | | | | | |  | | |
|  | |  | | | | | | |  | | | | |  | | | | | | | | | | | |  | | |
|  | |  | | | | | | |  | | | | |  | | | | | | | | | | | |  | | |
|  | |  | | | | | | |  | | | | |  | | | | | | | | | | | |  | | |
|  | |  | | | | | | |  | | | | |  | | | | | | | | | | | |  | | |
|  | |  | | | | | | |  | | | | |  | | | | | | | | | | | |  | | |
|  | |  | | | | | | |  | | | | |  | | | | | | | | | | | |  | | |
| **申请经营危险化学品范围** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 品 名 | 类 别 | | 有无  储存 | | 储 罐 区 | | | | | | | | | | | | | 液体储量  （t） | | | 固体储量  （t） | | | 剧毒  化学品 | | | 非药品类  易制毒品 | |
| 储罐  数量 | | | 单罐容积（m3） | | | | | | | | | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |
|  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | |  | | |  | |

**注 “申请经营范围”可另附表格，但须盖章。**

|  |  |  |
| --- | --- | --- |
| 经营单位法定代表人或负责人意见：  本单位危险化学品许可证号： ，有效期： 年 月 日至 年 月 日。  其中 发生变化，现申请换证。  法定代表人或负责人签名：  年 月 日 | | 经营单位承诺:  我单位所提供资料真实有效,如不相符,承担相应法律责任。  （经营盖章）  年 月 日 |
| **以上由申请企业填写** | | |
| 县级应急管理部门意见：  年 月 日（章） | | |
| 市应急管理局意见：  年 月 日（章） | | |
| **批准经营方式** |  | |
| **发证日期** | **年 月 日** | |
| **有 效 期** | **年 月 日至 年 月 日** | |
| **核发新经营许可证号** |  | |