Application Form for Renewal of a Veterinary Authorisation

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| 1. Applicant Details   Name of authorisation holder:  Organisation Management Service ID (ORG ID):  Organisation Management Service Location ID (LOC ID):  Legally registered address of the authorisation holder (if different from above):  Eircode:  Company office registration number:  Address of manufacturing premises (if different to that of the holder):  Organisation Management Service Location ID (LOC ID):  Eircode:  Name and address of applicant (if different from the proposed approval holder):  Authorisation number:  Contact person:  Contact telephone:  Email address of contact: |

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| 1. Personnel (required for manufacturer’s authorisation only)   Detail by department the numbers of personnel involved directly in GMP operations (e.g. production, quality control, engineering, quality assurance, compliance, etc.).   |  |  | | --- | --- | | **Department** | **No. of personnel** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

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| 1. Approved or pending variation applications since granting of the authorisation or last renewal   *Note: This information can also be supplied as an attachment to the application form.*  *Any proposed variation to the licence cannot be submitted as part of this renewal application. Any proposed variation must be submitted separately and should be accompanied by the appropriate variation form and fee.*   |  |  |  |  | | --- | --- | --- | --- | | **Date of submission** | **Date of approval** | **Variation number** | **Brief description of change** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

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| 1. Documentation   Please enclose the current recall procedure with the application.  Please state the current Site Master File revision number and date of issue (manufacturer only): |

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| 1. declaration   I hereby make application for the above manufacturer’s/wholesaler’s authorisation be renewed. I declare that all information supplied and supporting documentation is correct.  **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**  **Print name**:       **Title/position:** |

Send to:

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