Exemption Request Form

Date of submission:

**1. Name and contact details**

1. **Name and contact details of applicant:**

|  |  |
| --- | --- |
| Company:       | Tel.:       |
| Name:       | E-Mail:       |
| Function:       | Address:       |

1. **Name and contact details of responsible person for this application**

**(if different from above):**

|  |  |
| --- | --- |
| Company:       | Tel.:       |
| Name:       | E-Mail:       |
| Function:       | Address:       |

**2. Reason for application:**

Please indicate where relevant:

[ ]  Request for new exemption in:

[ ]  Request for amendment of existing exemption in

[ ]  Request for extension of existing exemption in

[ ]  Request for deletion of existing exemption in:

[ ]  Provision of information referring to an existing specific exemption in:

 [ ]  Annex III [ ]  Annex IV

No. of exemption in Annex III or IV where applicable:

Proposed or existing wording:

Duration where applicable:

[ ]  Other:

**3. Summary of the exemption request / revocation request**

**4.** **Technical description of the exemption request / revocation request**

1. **Description of the concerned application:**
2. To which EEE is the exemption request/information relevant?

Name of applications or products:

* 1. List of relevant categories: (mark more than one where applicable)

 [ ]  1 [ ]  7

 [ ]  2 [ ]  8

 [ ]  3 [ ]  9

 [ ]  4 [ ]  10

 [ ]  5 [ ]  11

[ ]  6

* 1. Please specify if application is in use in other categories to which the exemption request does not refer:
	2. Please specify for equipment of category 8 and 9:

The requested exemption will be applied in

[ ]  monitoring and control instruments in industry

[ ]  in-vitro diagnostics

[ ]  other medical devices or other monitoring and control instruments than those in industry

1. Which of the six substances is in use in the application/product?

(Indicate more than one where applicable)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  Pb | [ ]  Cd | [ ]  Hg | [ ]  Cr-VI | [ ]  PBB | [ ]  PBDE |
|  |  |  |  |  |  |

1. Function of the substance:
2. Content of substance in homogeneous material (%weight):
3. Amount of substance entering the EU market annually through application for which the exemption is requested:

Please supply information and calculations to support stated figure.

1. Name of material/component:
2. Environmental Assessment:

LCA: [ ]  Yes

 [ ]  No

1. **In which material and/or component is the RoHS-regulated substance used, for which you request the exemption or its revocation? What is the function of this material or component?**

1. **What are the particular characteristics and functions of the RoHS-regulated substance that require its use in this material or component?**

**5.** **Information on Possible preparation for reuse or recycling of waste from EEE and on provisions for appropriate treatment of waste**

1. **Please indicate if a closed loop system exist for EEE waste of application exists and provide information of its characteristics (method of collection to ensure closed loop, method of treatment, etc.)**

1. **Please indicate where relevant:**

[ ]  Article is collected and sent without dismantling for recycling

[ ]  Article is collected and completely refurbished for reuse

[ ]  Article is collected and dismantled:

[ ]  The following parts are refurbished for use as spare parts:

[ ]  The following parts are subsequently recycled:

[ ]  Article cannot be recycled and is therefore:

[ ]  Sent for energy return

[ ]  Landfilled

1. **Please provide information concerning the amount (weight) of RoHS sub­stance present in EEE waste accumulates per annum:**

[ ]  In articles which are refurbished

[ ]  In articles which are recycled

[ ]  In articles which are sent for energy return

[ ]  In articles which are landfilled

**6.** **Analysis of possible alternative substances**

1. **Please provide information if possible alternative applications or alternatives for use of RoHS substances in application exist. Please elaborate analysis on a life-cycle basis, including where available information about independent research, peer-review studies development activities undertaken**

1. **Please provide information and data to establish reliability of possible substitutes of application and of RoHS materials in application**

**7.** **Proposed actions to develop possible substitutes**

1. **Please provide information if actions have been taken to develop further possible alternatives for the application or alternatives for RoHS substances in the application.**

1. **Please elaborate what stages are necessary for establishment of possible substitute and respective timeframe needed for completion of such stages.**

**8.** **Justification according to Article 5(1)(a):**

1. **Links to REACH: (substance + substitute)**
2. Do any of the following provisions apply to the application described under (A) and (C)?

[ ]  Authorisation

 [ ]  SVHC

 [ ]  Candidate list

 [ ]  Proposal inclusion Annex XIV

 [ ]  Annex XIV

[ ]  Restriction

 [ ]  Annex XVII

 [ ]  Registry of intentions

[ ]  Registration

1. Provide REACH-relevant information received through the supply chain.

Name of document:

1. **Elimination/substitution:**
2. Can the substance named under 4.(A)1 be eliminated?

[ ]  Yes. Consequences?

[ ]  No. Justification:

1. Can the substance named under 4.(A)1 be substituted?

[ ]  Yes.

[ ]  Design changes:

[ ]  Other materials:

[ ]  Other substance:

[ ]  No.

 Justification:

1. Give details on the reliability of substitutes (technical data + information):
2. Describe environmental assessment of substance from 4.(A)1 and possible substitutes with regard to
3. Environmental impacts:
4. Health impacts:
5. Consumer safety impacts:
* Do impacts of substitution outweigh benefits thereof?

 Please provide third-party verified assessment on this:

1. **Availability of substitutes:**
2. Describe supply sources for substitutes:
3. Have you encountered problems with the availability? Describe:
4. Do you consider the price of the substitute to be a problem for the availability?

[ ]  Yes [ ]  No

1. What conditions need to be fulfilled to ensure the availability?
2. **Socio-economic impact of substitution:**
* What kind of economic effects do you consider related to substitution?

 [ ]  Increase in direct production costs

 [ ]  Increase in fixed costs

 [ ]  Increase in overhead

 [ ]  Possible social impacts within the EU

 [ ]  Possible social impacts external to the EU

 [ ]  Other:

* Provide sufficient evidence (third-party verified) to support your statement:

**9.** **Other relevant information**

**Please provide additional relevant information to further establish the necessity of your request:**

**10. Information that should be regarded as proprietary**

**Please state clearly whether any of the above information should be regarded to as proprietary information. If so, please provide verifiable justification:**