

	Doc. No.: RTPC2/SOP3/F01	Edition/Revision: 1/0	Effective date: March 2013
	APPLICATION FORM		Page 1 of 2

APPLICANT INFORMATION							
Name of Principle Investigator (PI)				Department			
Contact No.				Email			
Name of personnel working on project*	1.			Position	1.		
	2.				2.		
	3.				3.		
*Attached additional sheet with details if necessary							
PROJECT INFORMATION							
Project Title							
Anticipated date of the project				End date of the project			
Common and scientific name of plant							
PLANT MATERIAL INFORMATION							
Plant propagation mode (Please tick)	Seed		Cutting		Tissue Culture		No. of plants and pots/area of planting
Others (Please specify)							
Will there be introduction of pathogens, insects, recombinant organisms or hazardous materials be intentionally introduced for experimental reason?					Yes		No
If Yes (Please specify)							
Are there endophytes present in plants (If Yes, please specify)							
Will plants and/or GMO be moved in and out of greenhouse?					Yes		No
If Yes (Please specify and attach a Risk Assessment & Risk Management Plan)							
How long will plants are kept before disposal? (Max. 3 weeks)				Mode of disposal			
Specify any specialized equipment needed							
Photoperiod requirement							
Temperature requirement(°C)	Day time	Min.	Max.	Night time	Min.	Max.	
<p>Note: To avoid unwanted insects inside the greenhouse, please make sure your plants are free from insects or else you will be charged with spraying fee. After receiving approval for greenhouse space, you must notify greenhouse management 2 days in advance of bringing plants into greenhouse.</p>							

DECLARATION				
I have read and understand the Standard Operating Procedures for this facility and agree to comply (please tick)	Yes		No	
I have attached a Risk Assessment and Risk Management Plan of this application (please tick)	Yes		No	
Personnel's Name & Signature:	Principle Investigator's (PI) Signature and Stamp:			
Personnel's Name & Signature:				
Personnel's Name & Signature:				
Date:	Date:			

FOR OFFICE USE ONLY	
Date received	
Name	
Signature & Stamp	
Application Status	☐ Application approved (proceed for access Pin No. and Password) ☐ Application declined (reason) _____
FOR ACCESS SYSTEM PURPOSE	
Pin No.	
Password	
Date of issue	