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| **Part A. Application Type** |

Please select from the following application types: (Click on box to select.)

**New Certificate** of Conformity, Approval or Suitability

(For New – To complete, use: A, B, C if applicable, D, E, F, G, HI, I

**Modification** to Existing AICAS Certificate number: Ai-

(For Modification – To complete, use: A, B1, C if applicable, D, E, F, G, G1, HI, I

**Co-Licence** – To existing AICAS Certificate number: Ai-

(For Co-Licence– To complete, use Parts: A, B, B1, C if applicable, D, G, G1, H, H1, I

**Transfer** -- Of existing AICAS Certificate number: Ai-

(For Transfer – To complete, use Parts: A, B, B1, C if applicable, D, G1, H, H1, I

Include **RCM** compliance

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| **Part B. Applicant - New Certificate Holder’s Details** | | | |
| Business Name: |  | | |
| ABN, ACN or ARBN: |  | | |
| No & Street Address: |  | | |
| Suburb: |  | City: |  |
| State: |  | Post Code: |  |
| Country: |  | | |
| Postal address:  if different to above |  | | |
| Contact Name: |  | | |
| Phone Number: |  | | |
| Mobile Number: |  | | |
| Email Address: |  | | |

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| **Part B1. Current Certificate Holder’s Details - for Modification, Co-Licence, Transfer**  (As per name and address on the current Certificate and other details as per the main certificate) | | | |
| Business Name: |  | | |
| No & Street Address: |  | | |
| Suburb: |  | City: |  |
| City: |  | Post Code: |  |
| Country: |  | | |
| Postal address:  if different to above |  | | |
| Contact Name: |  | | |
| Phone Number: |  | | |
| Mobile Number: |  | | |
| Email Address: |  | | |

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| **Part C. Consultant details** | | | |
| Business Name: |  | | |
| No & Street address: |  | | |
| Suburb: |  | City: |  |
| State: |  | Post Code: |  |
| Country: |  | | |
| Postal address:  if different to above |  | | |
| Contact Name: |  | | |
| Phone Number: |  | | |
| Mobile Number: |  | | |
| Email Address: |  | | |

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| **Part D. Product Details-All (for a Modification, Co-licence or Transfer, use existing certificate details)** | |
| Product description: |  |
| Trade or brand name: |  |
| Main model Identifier: |  |
| Electrical rating: |  |
| \*Other Marking: |  |
| Manufacturer’s name: |  |
| Manufacturer’s address: |  |

\* Optional

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| **Part E. Additional Models (for New or Modification)** | | |
| **Model Number** | **Brand/Trade Name** | **Electrical Rating** |
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Note: Add more rows if required or if there are many models, please use our *Additional Model spreadsheet (link).* Then send with the Application.

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| **Part F. General Modification/s (for New or Modification)** |
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| **Part G. Evidence of Compliance – Test Report/s (for New or Mod) Includes EMC if applicable** | | | | |
| **Test Report Number** | **Test Standard** | **Report Date** | **Laboratory Name** | **Laboratory Accreditation** |
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Add more rows if required.

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| Part G1. Evidence of Compliance - Attach relevant files | |
| Description of Document | **Tick when added to email submission** |
| Test Report/s for safety and if applicable, EMC |  |
| For a Transfer: photos or draft of labels to be used |  |
| For a Transfer: a copy of instruction manual/s that will be used |  |
| Applicant Declarations & Authority for Consultant to act for Applicant |  |
| Additional Models spreadsheet |  |
| Detailed colour photographs |  |
| Instruction manuals for Use, Installation, Maintenance as applicable |  |
| A model correlation between the test report model/s and model/s in the application, if applicable |  |
| Circuit/schematic diagrams |  |
| Any other additional documents to support Application |  |
|  |  |

Add more documents as required

**See below for Declarations and the Fee payment details.**

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| **Part H. Declaration by Applicant** |

I, as the person named below, do solemnly and sincerely declare that:

• I have read and understand the AICAS Terms, Conditions & Obligations (Form AICAS-OM0500) and agree to conform with them;

• the product complies with the current applicable requirements and standard or standards for electrical safety and if applicable, the ACMA requirements for EMC compliance;

• in the manufacturing process the product will be of the same construction and components as the product provided for certification;

• when the product is certified, any changes or modifications made to the certified product must be submitted to AICAS for review **before the product/s can be sold**;

• I understand that any changes to the name, address or contact details of the certificate holder must be notified to AICAS within 30 days;

• I agree to pay the relevant application fees and acknowledge that, irrespective of the outcome of application, the payment is non-refundable; and

• I make this declaration conscientiously believing the same to be true and correct to the best of my knowledge.

Name of Signatory and Position:

Company Name:

Authorised Signature: Date:

**Part H1. Declaration by current Certificate Holder for Co-Licence or Transfer**

I, as the person named and signed below, do solemnly and sincerely declare that:

* I authorise the Co-Licence or transfer of the Certificate, as detailed above, to the name and address of the new Certificate holder as detailed in Part B above;
* I understand the original Certificate will be transferred from the date the new certificate is issued; and that once the Certificate is transferred and we no longer have the rights to use the certificate; or
* I understand for a Co-licence a new certificate will be issued that will be the responsibility of the new certificate holder and have no rights to use the new certificate;
* I make this declaration conscientiously believing that all statements and information provided by me in this application are true to the best of my knowledge.

Name of Signatory and Position:

Company Name:

Authorised Signature: Date:

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| **Part HC. Declaration by Authorised Consultant (if applicable.)** |

I, as the person named below, do solemnly and sincerely declare that:

• I make this application to AICAS for the certification of electrical products as described above and declare that the statements and information provided in this application are true to the best of my knowledge;

• I have provided the applicant with AICAS Terms, Conditions and Obligations (Form AICAS-OM0500);

I have attached is a copy of the completed and signed Declarations stating that:

1. the Applicant has read, understood and will conform with the AICAS Terms, Conditions and Obligations and
2. the authority for person/company as below to act on their behalf in submitting the application for certification.

• I agree to pay or have the Applicant pay the relevant application fees and acknowledge that, irrespective of the outcome of application, the payment is non-refundable; and

• I make this solemn declaration conscientiously believing the same to be true and correct to the best of my knowledge.

Name of Signatory and Position:

Company Name:

Authorised Signature: Date:

[Link to Declaration templates](http://www.aicasau.com/Home/Application)

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| **Part I. Payment of Fees** |

**Electronic Funds Transfer**

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| **AICAS Account details** | |
| Bank Name: | National Australia Bank |
| BSB: | 083-004 |
| Acct No: | 228401935 |
| SWIFT CODE: | NATAAU3303M |
| AICAS Acct Name: | Australian International Certification & Approval Services Pty Ltd |
| 1 Amount: (AUD): |  |
| 2 Your Reference ID: |  |

**1** See Fee Schedule Form AICAS-OM0400.

**2** To identify your payment, please use either of the following reference codes: 1st 4 letters of applicant name, then a maximum of the first 6 characters of the main model number (e.g.: Tran 2P590Y) or the Certificate number if known (e.g.: Ai-220000).

Please ensure that you email us a copy the payment transaction document.

**Email Application and payment information to:** [info@aicasau.com](mailto:info@aicasau.com)