**Part A. Application Details**

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

Change of Certificate Holder details - Current AICAS Certificate number: Ai-

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| --- | --- | --- | --- |
| **Part B1. Current Certificate Holder’s Details -**  (As per name and address on the current Certificate and other details as per original) | | | |
| 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 B2. Change of Details for Current Certificate Holder - Enter changes only as applicable** | | | |
| Business Name: |  | | |
| ABN, ACN or ARBN: |  | | |
| 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: |  | | |
| Street address: |  | | |
| Suburb: |  | **City:** |  |
| City: |  | **Post Code:** |  |
| Country: |  | | |
| Postal address:  if different to above |  | | |
| Contact Name: |  | | |
| Phone Number: |  | | |
| Mobile Number: |  | | |
| Email Address: |  | | |

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

**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;

• 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 and address 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 HC. Declaration by Authorised Consultant – To completed by 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 Declaration stating that:

a. the Applicant has read, understood and will conform with the AICAS Terms, Conditions and Obligations; and

b. the authority for person/company as below to act on their behalf in submitting the application for certification; 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)

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

**For Electronic Funds Transfer**

|  |  |
| --- | --- |
| **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: the Certificate number (e.g.: Ai-220000) or the 1st 4 letters of applicant name, then a maximum of the first 6 characters of the main model number (e.g.: Tran 2P590Y).

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)