

Application for Renewal or Extension of Certificate

This Form must be completed in full in accordance with the Application Guide AICAS-OM0305, if not, the application will be rejected.

Part A. Application	Type				
Please select from the following application types: (Click on box to select.)					
Application for Renewal - Complete Parts A to D1, G, G4, H and/or HC1, I					
Application for Exte	nsion - Complete Parts A t	o D1, G5, H2 and	l/or HC1, I		
Certificate number:	Ai				
Part R1 Applicant	Current Certificate Ho	oldare Dataile	2		
	ess name and address as p				
Business Name:		901 1110 001 111100			
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:					
Part C. Consultant	details (If applicable)				
Business Name:		shr			
Street address:		-			
Suburb:			City:		
State:			Post Code:		
Country:					
Postal address:					
if different to above Contact Name:					
Phone Number:					
Mobile Number:					
Email Address:					
Billati Hadi C55.					
Part D1. Product D	etails - (Existing Produ	ct Details)			
Product description:					
Trade or brand name:					
Main model Identifier:					
Manufacturer's name:					
Manufacturer's address:					
Parts E & F not used					
		-1 T-+D-			
Part G. Evidence of C	Compliance for Renew	ar - Test Repo	ort/s	Laborator	
Test Report Number	Test Standard	Report Date	laboratory Name	Laboratory Accreditation	

Add more rows if required



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Part G4. Renewal Only - Evidence of Comp	liance - Attach relevant files
All documents below must be provided	
Description of Document	Check box when added to email submission
Test Report/s	
Detailed colour photographs of current models	
Photo/s of current label/s (All labelling and markings t	o be included and readable)
Instruction manuals for Use, Installation, Maintenance	as applicable
Any other additional documents to support Application	(Optional)
Add more rows for documents if required.	
Part G5. Extension Only - Evidence of Con	npliance – Complete and add files as required.
*See the Guide for Renewal and Extension for all	
Enter quantity of products	
still available in AU/NZ: Enter all Model Numbers of	
effected stock:	
Enter period of required	
extension (max of 12 months):	
required to provide details of any reports involvin from the date when the Certificate was first issued 3. Declare that there have been no safety incidents in	nvolving the product models requiring the Extension. Dove have been added to the Applicant/Certificate Holders inplate/s available on our website.
Documents	Tick when added to email submission
Include any Incidents Reports as per item 2 abov	
Enter Safety Incident Report name/s and add file,	/s to submission:
Part H. Renewal Only - Declaration by App	licant/Certificate Holder
I, as the person named below, do solemnly and sincere	
 I have read and understand the AICAS Terms, Con with them; 	ditions & Obligations (Form AICAS-OM0500) and agree to conform
• the product complies with the current applicable r	
 in the manufacturing process the product will be for certification; 	of the same construction and components as the product provide
 when the product is certified, any changes or mod for review before the product/s can be sold; 	ifications made to the certified product must be submitted to AICA
 I understand that any changes to the name and addays; 	ddress of the certificate holder must be notified to AICAS within 3
• I agree to pay the relevant application fees and payment is non-refundable; and.	acknowledge that, irrespective of the outcome of application, th
I make this declaration conscientiously believing t	he same to be true and correct to the best of my knowledge.
Name of Signatory and Position:	
Company Name:	
Authorised Signature:	Date:

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Part H2. Extension Only - Declaration by Certificate holder

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

- I have read and understood the AICAS Terms, Conditions & Obligations (Form AICAS-OM0500) and agree to comply
- the remaining stock of models to be sold complies with the applicable standard or standards as certified;
- the products to be covered by this Extension Application are the same design, materials, construction as the originally approved product;

there have been no safety incidents involving the products requiring the Extension; or

- ☐ I have included the Incidents Reports with the Application if required under Part G5; and
- I agree to pay AICAS the applicable application fees and understand that the payment is non-refundable regardless of the outcome of this application;
- If applicable, hereby authorise the consultant, as per details in Part C, to act on my behalf for this application for certification; and
- I make this solemn declaration conscientiously believing the same to be true to the best of my knowledge.

Name of Signatory and Position:				
Company Name:				
Authorised Signature:	Date:			

Part HC1. 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;
 - b. for an Extension the Applicants declaration for the requirements in Part G5 above; and
- c. 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:

Note: To assist you as the Consultant, AICAS has templates for Applicants Declaration for all required items for an Extension, click here

Part I. Payment of Fees

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

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

Email Application and payment information to: info@aicasau.com

¹ See Fee Schedule Form AICAS-OM0400.

² So that we can identify your payment please use either of the following reference codes: the Certificate number (e.g.: Ai-210000) 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).