To Edit Check boxes –Click once.

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| **Part A. Application for EMC Service** | | | | |
| New | Modification | Change of details | Transfer | Renewal |
| Extension | EMC Cert no: | | | |

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

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| **Part C. Consultant details** | |
| Business Name: |  |
| 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** | |
| 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** | | |
| Model Number | Brand/Trade Name | Electrical Rating |
|  |  |  |
|  |  |  |
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Note: If you have many models to list you may use our *Additional Model spreadsheet (link).* Then send with the other files.

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| **Part F. General Modification/s\*** |
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\*This includes a model relationship if the model numbers in the test report/s are different from what will be labelled

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| **Part G. Evidence of Compliance – Test Report/s** | | | | |
| **Test Report Number** | **Test Standard** | **Report Date** | **lab Name** | **Lab Accreditation** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Add more rows if required.

|  |  |
| --- | --- |
| Part G1. Evidence of Compliance - Attach relevant files | |
| Description of Document | Tick when added to email submission |
| Applicant Declaration & Authority for Consultant to act for Applicant |  |
| Additional Models spreadsheet |  |
| Detailed colour photographs |  |
| A model correlation between the test report model/s and model/s in the application, if applicable |  |
| Certificates |  |
| Competent Body Statements |  |
| Any other additional documents to support Application |  |
|  |  |

Add other documents as required

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

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

• I am authorised to make this declaration on behalf of the Company mentioned above;

• the product complies with the requirements of the relevant ACMA standards requirements for EMC compliance as demonstrated in the attached documentation as per part G & G1 above;

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

• 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 have read and understand the AICAS Terms, Conditions & Obligations for EMC Compliance and agree to conform with them;

Name of Signatory:

Position in the Company:

Signature: Date:

|  |
| --- |
| **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 for EMC compliance as described above and declare that the statements and information provided in this application including the evidence of compliance documents in part G/G1 are true to the best of my knowledge and enclosed with this Application;

• I have provided the applicant with AICAS Terms, Conditions and Obligations for EMC Compliance;

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 for EMC Compliance; and

b. 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:

Position in the Company:

Signature: Date:

Link to Declaration template 0306

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

**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** So that we can 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-210000-EMC).

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)