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| **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 Extension applies to Certificates of Approval and Suitability only. Not for Certificates of Conformity – Complete Parts A to D1, G5, H2 and/or HC1, I**

**Certificate number: Ai-**

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| **Part B1. Applicant/Current Certificate Holders Details**  (Note: Business name and address as per the certificate) | | | |
| 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** (If applicable) | | | |
| 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 D1. Product Details – (Existing Product Details)** | |
| Product description: |  |
| Trade or brand name: |  |
| Main model Identifier: |  |
| Manufacturer’s name: |  |
| Manufacturer’s address: |  |

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| **Parts E & F not used** |

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| **Part G. Evidence of Compliance for Renewal - Test Report/s** | | | | |
| **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 G4. Renewal Only - Evidence of Compliance - 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 to be included and readable) |  |
| Instruction manuals for Use, Installation, Maintenance as applicable |  |
| Any other additional documents to support Application (Optional) | ☐ |
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Add more rows for documents if required.

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| **Part G5. Extension Only - Evidence of Compliance** – Complete and add files as required.  **\***See the Guide for Renewal and Extension for all requirements | | |
| 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)*: |  | |
| **The information below must also be provided.**   1. Declare that design, materials, construction has not changed from the originally certified product, 2. For the models under this Application for Extension that if there have been safety related incidents you are required to provide details of any reports involving these incidents that you have received covering the period from the date when the Certificate was first issued until now, or If no reports received, 3. Declare that there have been no safety incidents involving the product models requiring the Extension. | | |
| **Note: For your convenience declarations for the above have been added to the Applicant/Certificate Holders Declaration in Part H2 below or the applicable template/s available on our website.** | | |
| **Documents** | | **Tick when added to email submission** |
| Include any Incidents Reports as per item 2 above if applicable,  Enter Safety Incident Report name/s and add file/s to submission: | |  |

**Part H.** **Renewal Only - Declaration by Applicant/Certificate Holder**

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 H****2. 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 with them;
* 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](http://www.aicasau.com/Home/Application)

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

**For 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** 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).

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

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