



Application for Product Certification and Trademark Licence



StandardsMark Product Certification

1. Information about the certificate holder

Details of organization *	Name and Business Registration Number (if applicable)		
	Street		
	Suburb/City	State/Postcode	Country
	Authorised representative: (for the certification process and for the approval of invoices)		
	Name		
	Position		
	Telephone	Fax	Email
Mailing address: (for correspondence)	Address		
	Suburb/City	State/Postcode/Country	
Contact for Accounts Payable (if different from above)	Name		
	Position		
	Telephone	Fax	Email
	Mailing address: (if different to above)	Address	
Suburb/City		State/Postcode/Country	

2. Information about the manufacturing organisation

(if different from above)	Name		
	Street		
	Suburb/City	State/Postcode/Country	
	Contact	Position	
	Phone	Fax	Email

Occupational Health & Safety Issues Specify if visitors to your premises require personal protection equipment (e.g. goggles, hard hats or safety boots):

Information about the manufacturing site	Please provide information about the number of staff employed in each department and who are involved with manufacturing of the product that is being certified.	Department	No. of Employees
		Manufacturing	
		Design / R&D	
		Laboratory	
		Quality Control / Assurance	
		Factory Total	

If some of these departments operate from a separate location, please provide details

Department name	Name

	Address		
	Suburb		City
	State	Country	Postcode

Other manufacturers Please specify any other manufacturers / suppliers of critical components

Manufacturer's name Please attach a separate sheet if required	Name		
	Address		
	Suburb		City
	State	Country	Postcode

Type of component/s

Other types of certification - Does your company maintain other forms of certification e.g. ISO 9000, HACCP, and ISO 14001 etc?

If so please identify the type of certification and certifying organisation.

3. Certification requirements and information about your product

What is the product?				
What is the standard to which you are seeking certification?				
Product subject to certification (Include listing of all models for which certification is required) Please attach a separate sheet if required Please advise if product has other certifications	Model No.	Model name	Brand name	Description

Design Responsibility - Is the manufacturer responsible for the product design? If not, who is?

Technical documentation included for certification - The following information is required to be forwarded with this application in order for initial processing to be completed. Delays may be a consequence of insufficient details provided.

Documentation provided (tick all those applicable)	<input type="checkbox"/> Any Relevant Current Type Test Report(s) (see note 1)	<input type="checkbox"/> Bill of Materials (BOM)
	<input type="checkbox"/> Product Brochures	<input type="checkbox"/> Product Assembly Drawings
	<input type="checkbox"/> Product Sample (see note 2)	<input type="checkbox"/> Product Installation Instructions
	Notes: 1. Where type test report(s) are not available SAI Global will provide detail on the type testing required, recognised laboratories and sampling requirements in order to cover the products submitted for certification. 2. If the product is of substantial size, photographic evidence may be acceptable.	

4. Application fee (Please refer to Scheme Fee Schedule)

Total fee payable (Ex GST)	\$AUD	GST value (if applicable) \$AUD
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5. Payment method (Kindly note: your application cannot be processed until receipt of fee payment)

Cheque	Cheques to be made payable to: SAI Global Limited (ABN 67 050 611 642)	
	A cheque for \$ _____ is attached	Cheque No _____ Date _____
Credit Card	Please charge (tick where applicable) <input type="checkbox"/> Bankcard <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx (ID No) <input type="checkbox"/> Other	
	Card No _____	
	Expiry Date _____	
	Cardholder's name (please print) _____	
	Signature _____	
Telegraphic Transfer	Bank Address Westpac Banking Corporation Cnr Market & Clarence Sts Sydney 2000 NSW	THE REMITTANCE ADVICE SHOULD BE FAXED, EMAILED OR MAILED QUOTING: ATT: Business Development Manager Fax (+612) 8206 6032
Please make payment to:	Acc name SAI Global Limited BSB Number 032016 Acc Number 175282 Swift Number WPACAU2S To ensure correct processing please include the following information with your payment.	Email product@saiglobal.com Organisation name: Type of service and date: Invoice number being paid (if applicable): Receipt of remittance advice details will minimise delays in processing your payment

Terms and Conditions

<ol style="list-style-type: none"> The applicant warrants that the information provided in this application form is correct. The applicant acknowledges that it has received and agrees to abide by the following contractual documents: <ol style="list-style-type: none"> SAI Global Terms and Conditions of Certification Services (including the Schedule of Fees where applicable); StandardsMark Product Compliance Program; and Terms and Conditions of the Certification Mark Licence. The applicant agrees that: <ol style="list-style-type: none"> when SAI Global accepts this application in writing; or if the application is not accepted in writing, when SAI Global starts to supply Certification or Assessment Services to the applicant; 	<ol style="list-style-type: none"> there is a contract for the supply of Certification or Assessment Services upon the Terms and Conditions of Certification Services, including the applicant's obligation to pay all fees due in respect of the certification services, as calculated in accordance with either the Schedule of Fees or other agreement reached with SAI Global. The applicant agrees that if SAI Global issues a certificate and licence to the organisation for the use of any Trade Marks (such as the StandardsMark), the organisation will use the Marks in accordance with the Certification Mark Licence Terms. This application remains valid for 12 months from the date at which the application was made, after which period the application will expire. All fees are non-refundable.
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Signed for and on behalf of organisation	Signature of applicant or authorised officer of the organisation	Date
	Full name (BLOCK LETTERS)	Title

* Organisations may undergo a check on credit history through existing creditors and Credit Reporting Agencies. SAI Global reserves the right to reject any application.

Signed for and on behalf of manufacture (if different from above)	Signature of applicant or authorised officer of the manufacture	Date
	Full name (BLOCK LETTERS)	Title

Please return completed application form with payment to:
The Business Development Manager, Product Certification
SAI Global Limited GPO Box 5420 Sydney NSW 2001 Australia Email: product@saiglobal.com

Your Privacy
 SAI Global Limited and its related bodies corporate ("SAI Group") respect stakeholders' privacy at all times. When processing your order or application we collect personal information about you for the primary purpose of providing you with a high level of customer service. We may also use this information to inform you of other related products and services available from the SAI Group and to contact you in relation to these products and services. As we value your privacy we do not make your personal information available to other organisations without your explicit consent, and you have the right to gain access to this information. For more information please see our Privacy Policy on our website www.saiglobal.com Please direct privacy related enquiries to the Chief Privacy Officer on (02) 8206 6000 or by e-mail: privacy.officer@saiglobal.com

