



Application for Product Certification and Trademark Licence

The Australian Wood Packaging Certification Scheme (AWPCS)

1. Information about the certificate holder

Details of organisation *	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 wood packaging treatment

Description of wood packaging				
This application is for Certification for Wood Packaging Material for Standard ISPM 15.	<input type="checkbox"/> Manufacturer of wood packaging with onsite treatment What Type of treatment? <input type="checkbox"/> Heat Treatment <input type="checkbox"/> Methyl Bromide Fumigation			
	<input type="checkbox"/> Manufacturer of wood packaging without onsite treatment			
	Into which of the following categories does your organisation belong?	<input type="checkbox"/> Heat Treatment Provider		
		<input type="checkbox"/> Methyl Bromide Fumigation Provider		
Please specify any other providers of critical components or services (treatment providers), if applicable:				
Name of the Provider	Name			
	Street			
	Suburb/City	State/Postcode	Country	
Type of component/service				
Occupational Health & Safety Issues Specify if visitors to your premises require personal protection equipment (e.g. goggles, hard hats or safety boots):				
Information about your staff	Please provide information about the number of staff employed in each department and who are involved with certification process.	Department	No. of Employees	
		Manufacturing		
		Design / R&D		
		Laboratory		
		Factory Total		

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
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	Westpac Banking Corporation	THE REMITTANCE ADVICE SHOULD
Please make payment to:	Address	Cnr Market & Clarence Sts Sydney 2000 NSW	BE FAXED, EMAILED OR MAILED QUOTING:
	Acc name	SAI Global Limited	ATT: Business Development Manager
	BSB Number	032016	Fax (+612) 8206 6032
	Acc Number	175282	Email product@saiglobal.com
	Swift Number	WPACAU2S	Organisation name:
		To ensure correct processing please include the following information with your payment.	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

- 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:
 - SAI Global Terms and Conditions of Certification Services (including the Schedule of Fees where applicable);
 - Certification Procedures relevant to the Certification Services requested and
 - Terms and Conditions of the Certification Mark Licence.
- The applicant agrees that:
 - 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;
- 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.

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.

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

