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**GasMark Product Certification Application Form**

By the act of completing and submitting this Application Form to IAPMO Oceania, the Certificate Holder is undertaking to adhere to and comply with the GasMark “Governance Rules”. Please read these Rules and the Terms and Conditions in this Application Form before you sign this form.

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| 1. **Certificate Holder Details** | | | |
| **Details of registered company / legal entity applying for certification.** | **Company Name** | | |
| **ABN (Australian Company Only)** | **Relationship to manufacturer, where different** | |
| **Street** | | |
| **Suburb** | **City** | |
| **State** | **Country** | **Postcode** |
| **Contact Details** | **Name** | **Company Position / Title of the applicant** | |
| **Phone No.** | **E-mail address** | |
| **MAILING ADDRESS**  For correspondence relating to this GasMark application.  **AS ABOVE** | **Street** | | |
| **Suburb** | **City** | |
| **State** | **Country** | **Postcode** |
| **INVOICING DETAILS**  For correspondence relating to invoicing.  **AS ABOVE** | **Name** | **Company Position / Title of the applicant** | |
| **Street** | | |
| **Suburb** | **City** | |
| **State** | **Country** | **Postcode** |
| **Phone No.** | **E-mail address** | |

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| 1. **Nominated Application Contact *Note:***  *Where not the Certificate Holder or Manufacturer* | | |
| Individual representing the certificate holder and being the prime contact for matters pertaining to this application.  **AS ABOVE** | **Company Name** | **Contact Name** |
| **Phone No.** | **E-mail address** |

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| 1. **Manufacturer Details – Site Address** | | | |
| Details of the manufacturer (company / legal entity) requiring GasMark certification (if different from above)  **Complete ONLY if the Certificate Holder is NOT the Manufacturer** | **Company Name** | | |
| **ABN (Australian Company Only)** | | |
| **Street** | | |
| **Suburb** | **City** | |
| **State** | **Country** | **Postcode** |
| **Contact Details**  **AS PER CERTIFICATE HOLDER DETAILS (Item 1)** | **Name** | **Company Position / Title of the manufacturer’s representative** | |
| **Phone No.** | **E-mail address** | |

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| 1. **Transfer of current GasMark Certification to IAPMO Oceania  YES  NO** | | |
| **If transferring a current certificate from another JAS-ANZ accredited Conformity Assessment Body (CAB)** | **Name of current CAB** | **Certificate No.** |
| **Date of Certificate issue** | **Date of Certificate expiry** |
| ***Note*** *Please provide a copy of current certificate, original or certified copies of laboratory Type Test reports, product specifications (including drawings) and instructions, a copy of the last annual product audit report (where applicable) and any other product related technical information, with this application form.* | | |

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| 1. **GasMark Certification Details: Information About Your Product** | | | | | | | |
| **Product Type** |  | | | **Standard for which GasMark Certification is sought (If known)** | |  | |
| **Model Number** | | **Gas Type/s** | | | **Brand name and description** | | |
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| ***Note*** *Please attach a separate sheet if required*  Separate sheet attached. | | | | | | | |
| **Electrical Supply Data** (if applicable) | | | Voltage (V): | | Frequency (Hz): | | Current (A): |
| **Is the submission product a production sample or proto type?**  Production  Prototype or Preproduction | | | | | | | |
| Other types of certification Does your product maintain any current Australian or overseas certification(s)? If so please identify the type of certification and certifying body.    ***Note*** *IAPMO Oceania may accept, at its discretion recognized local or overseas test report(s) as compliance with some relevant local Standards requirements, providing the assessments and report(s) are from an IAPMO Oceania recognised source and the report and certificate are in English.* | | | | | | | |
| **Technical documentation required for certification** | | | | | | | |
| **Documentation**  **provided**  (‘X’, as appropriate) | | Any relevant, current test report(s)  Technical details | | | | | |
| Instructions (installation; operating and servicing)  Bill of materials | | | | | |
| Product drawings (assembly and discrete components) | | | | | |
| **Preferred ‘GasMark’ marking option – Please select one**  ‘Labels’ – purchased from IAPMO Oceania  ‘Self Marking’ – IAPMO Oceania approved ***Note*** *It is mandatory for all gas appliances to display the GasMark certification mark and it is optional for gas components. Please consult your Certification Engineer for additional information.* | | | | | | | |

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| 1. **Fees and Payment**  * An application fee invoice if applicable will be sent to the invoicing contact as specified on page 1. * The certification process will not commence until the application fee has been paid. |

**Confidentiality**

IAPMO Oceania respects its client’s privacy and in processing your application, the personal information we collect relating to you and your organisation is for the purpose of providing you and your organization with a high level of customer service. The collected information shall be kept confidential other than that information you have consented to be released; information which is in the public domain or requested by the Courts, Tribunals, Police, Regulatory Authorities and Government bodies having interest in public safety.

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| 1. **Terms And Conditions** |
| 1. The signatory warrants the information contained in the application is true and correct and that they are authorised to sign this application on behalf of the applicant. 2. The signatory affirms that they are authorised by applicant to apply for IAPMO Oceania ‘GasMark’ certification. 3. The applicant acknowledges that they have read, and agrees to abide by the following IAPMO Oceania contractual documents: 4. Fee Schedule. Detailed certification services quote available upon request, if not already provided, 5. GasMark *“Governance Rules”* – Scheme document POL-200.   *N.B. GasMark “Governance Rules” are available from our web site* [*www.iapmooceania.org*](http://www.iapmooceania.org) *or upon request.*   1. The applicant agrees that:   (a) When IAPMO Oceania accepts this application in writing; or  (b) If the application is not accepted in writing, when IAPMO Oceania starts to supply Certification or Assessment Services to the applicant; there is a contract for the supply of Certification and/or Assessment Services upon the terms set out in the documents listed in clause 3 above.   1. The applicant accepts the certification is not a guarantee of product safety; furthermore the certification is based on a ‘Type Test’ regime of specific sample(s) provided by the applicant and assessed by IAPMO Oceania to establish the product complies with the requirements of relevant Standards and Regulatory Authorities. 2. This application is valid for a period of 12 months from the aforementioned application date, after which the application may be terminated by IAPMO Oceania where there has been no active progress. 3. The application and certification fees are non-refundable. 4. Where additional time is required for an inspection visit; or an additional inspection visit is required to verify the implementation of corrective actions resulting from “Action Items” raised at the Continuous Compliance Inspection visit; IAPMO Oceania may invoice the applicant/certificate holder for audit time and any other expenses related to undertaking the additional inspection visit. |

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| **Note: The following signatory must be a duly authorised representative and from the organisation named as the ‘Certificate Holder’** | | | |
| **Signature of applicant** | **Full Name of signatory** (Please print) | | **Position** |
| **Company Name** | | | **Date** |
| Please return completed and **SIGNED** application form together with supporting product documentation to: | **info@iapmooceania.org** | **OR** | **7-11 Fullard Road**  **Narre Warren VIC 3805**  **AUSTRALIA** |