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| Applicant (Statement Holder) Information | | |
| Company Name to be used on the certificate as Certificate Holder. | [Enter text.] | |
| Physical Address | Street: [Enter text.]  Suburb: [Enter text.]  City & Post Code: [Enter text.] | |
| Mailing Address | Street: [Enter text.]  Suburb: [Enter text.]  City & Post Code: [Enter text.] | |
| Web site | [Enter text.] | |
| Contact for Certification | Name: [Enter text.]  Position: [Enter text.] Phone: [Enter text.]  Email: [Enter text.] | |
| Contact for Accounts | Name: [Enter text.]  Position: [Enter text.] Phone: [Enter text.]  Email: [Enter text.] | |
| Product - System or Method to be Certified | | |
| Product or System Name to be used on the Technical Statement | [Enter text.] | |
| Description of the Product or System e.g. cladding, framing, water-proofing, protective coating | [Enter text.] | |
| Building Code Product Technical Statement is required for | Building Code Australia (BCA) [Enter text.]  New Zealand Building Code (NZBC) [Enter text.]  Or both BCA and NZBC [Enter text.] | |
| Building Clauses that apply to the product or system | BCA [Enter text.]  NZBC [Enter text.] |
| Purpose or Intended Use of the product or system | [Enter text.] |
| Limitations of Use of the Product or System e.g. interior use only, above grade, structures below 10m high | [Enter text.] |
| History of Use in Australia, NZ or country of origin; in-service performance | [Enter text.] |
| Components of the Product or System include all proprietary components and equipment as well as off the shelf items required during installation | [Enter text.] |
| Describe the Method(if applicable)include all proprietary methods and equipment | [Enter text.] |
| Supporting Information about the Product or System brochures, technical data, installation instructions, technical manual / drawings, quality management documents, test data | [Enter text.] |
| **Supply and Installation of the Product - System or Method** | |
| Supply, Sales and Distribution Model manufacturer, importer, national agent, distributor, franchisor, regional branches, installer network | [Enter text.] |
| Sites Where the Product or System has been Installed and can be inspected | [Enter text.] |
| Installation who installs the product or system, building practitioners, approved installers? | [Enter text.] |
| Training do you have a training manual for installers and who provides it? | [Enter text.] |
| Product Quality Planwhat is the quality assurance plan for the product or system? | [Enter text.] |
| Manufacture Quality Plandoes the manufacturing facility operate under an ISO 9001:2015 or other? (provide details) | [Enter text.] |
| Manufacturer Details - complete as applicable | |
| Manufacturer 1 Name | [Enter text.] |
| Component Name/s | [Enter text.] |
| Physical Address of Factory | Street: [Enter text.]  Suburb: [Enter text.]  City & Post Code: [Enter text.] |
| Website | [Enter text.] |
| Contact Name | Name: [Enter text.]  Position: [Enter text.] Phone: [Enter text.]  Email: [Enter text.] |
|  |  |
| Manufacturer 2 Name | [Enter text.] |
| Component Name/s | [Enter text.] |
| Physical Address of Factory | Street: [Enter text.]  Suburb: [Enter text.]  City & Post Code: [Enter text.] |
| Website | [Enter text.] |
| Contact Name | Name: [Enter text.]  Position: [Enter text.] Phone: [Enter text.]  Email: [Enter text.] |

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| Additional Information | |
| Additional Information Relevant to this Application | [Enter text.] |
| Declaration | |
| By signing this Application Form the applicant acknowledges that:  1. The information provided is correct and complete; 2. This application is for a Product Technical Statement for Australia and or New Zealand; 3. This application remains valid for 12 months from the date of signing, after which it will expire; 4. They agree to pay all costs associated with processing the application and fees are non-refundable; 5. They will comply with AccreditMark's Terms and Conditions and the Product Technical Statement Rules; 6. AccreditMark will assess the application and may accept or reject it in writing; 7. AccreditMark reserves the right to reject any application; 8. If this application is accepted, AccreditMark will provide an evaluation plan and estimated pricing to complete the certification process. | |
| Signed | |
| This application must be signed by an authorised representative of the applicant: | |
| **Signature**: **Date**: [Enter a date.]  **Name**: [Enter text.] **Position**: [Enter text.] | |

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| For AccreditMark Use | |
| Job Number Allocated | [Enter text.] |
| Acknowledgment | Date sent: [Enter a date.] |
| Application Assessed and Confirmation Sent | Accepted / Rejected; [Enter text.]  Date sent: [Enter a date.] |
| Evaluation Plan and Estimated pricing | Date sent: [Enter a date.] |