

Application for Certification: Gas Safety Certification Scheme (GSCS)



All applicants must complete all applicable sections. Please use **BLOCK LETTERS**

1. Applicant information

CERTIFICATE HOLDER Details of Registered Organisation or owner to be the 'Certificate Holder' (attach details of incorporation or other legal entity)	Name		
	ABN & ACN (Australian applicants only) or company number (for example, ARBN)		
	<input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Other		
	Street		
	Suburb		City
	State	Country	Postcode
MANUFACTURER Manufacturing Organisation Registered name (if different from above)	Name		
	ABN & ACN (Australian applicants only) or company number (for example, ARBN)		
	<input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Other		
If different what is the applicants relationship with the manufacturer	<input type="checkbox"/> Distributor/Agent <input type="checkbox"/> Consultant <input type="checkbox"/> Other		
Manufacturing address	Street		
	Suburb		City
	State	Country	Postcode
TECHNICAL REPRESENTATIVE Organisation representative. (Person who has the applicant's authority in relation to the certification process and approval of invoices)	Name		
	Company		
	Position		
	Telephone		Fax
	Email		

1. Applicant information (continued)

Mailing address (for correspondence)	Street/PO Box		
	Suburb	City	
	State	Country	Postcode
Mailing address and contact for Accounts Payable (if different from above)	Name		
	Position		
	Street/PO Box		
	Suburb	City	
	State	Country	Postcode
			Certification Mark
What are you applying for?	<input type="checkbox"/> Gas Safety Certification Type A appliances & components	Standard(s):	

2. Information about your product

Product subject to certification (Include all models for which certification is required) Please attach a separate sheet if required	I.e. Model number, model name, brand name and description

Gas Types Required for Certification:

Other types of certification

Does your product maintain any current certification(s) e.g. AGA, CE (Advantica, DVGW, Gastec, TUV), CSA etc?
If so please identify the type of certification and certifying organisation.

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 test report(s) (See note 1)	<input type="checkbox"/> Product sample (see note 2)	
	<input type="checkbox"/> Technical details	<input type="checkbox"/> Product description	<input type="checkbox"/> Product Brochure(s)
	<input type="checkbox"/> Installation instructions	<input type="checkbox"/> Operating instructions	<input type="checkbox"/> Servicing instructions
	<input type="checkbox"/> Bill of materials	<input type="checkbox"/> Product drawings (assembly and discrete components)	

- Notes:**
- 1a. Where test reports are not available SAI Global will provide detail on the type testing required, recognized laboratories and sampling requirements in order to cover product submitted for certification.
 - 1b. SAI Global may accept, at its discretion, recognized local or overseas test reports as compliance with relevant local standard requirements.
 2. If product is of substantial size, photographic evidence may be accepted.

3. Fees

Please refer to fee schedules for each scheme

First application	\$AUD
Second and subsequent applications	\$AUD
Total	\$AUD

4. Payment method

This application must be submitted with payment of the applicable fee

Cheque

Cheques to be made payable to:

SAI GLOBAL LIMITED. (A.B.N. 67 050 611 642)

Please tick if appropriate

A cheque for:\$ is attached

Cheque No.:

Date:

Credit Card

Please charge (tick where applicable)

Bankcard Visa Mastercard AmEx (ID No.) Diners

Please tick if appropriate

Card No

Proforma Invoice:

Please tick if required

Expiry date

Cardholder's name (please print)

Signature

Telegraphic Transfer

Please make payment to:

Please tick if appropriate

Proforma Invoice:

Please tick if required

Bank Address

National Australia Bank
292 Pitt Street Branch
Sydney NSW 2000 Australia
SAI Global Limited
082-080
68 228 7431
NATAAU33025

Acc name
BSB Number
Acc Number
Swift Number

To ensure correct processing please include the following information with your payment.

THE REMITTANCE ADVICE SHOULD PROVIDED WITH THE APPLICATION QUOTING:

ATT: Accounts Receivable –
Fax (+612) 8206 6019
Your company name:
Type of service and date:
Invoice number being paid:

Failure to advise details may result in 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); Gas Product Compliance Program and; Terms and Conditions of the Certification Mark Licence (where relevant). 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; | <p>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.</p> <ol style="list-style-type: none"> The applicant agrees that if SAI Global issues a certificate and licence to the applicant for the use of any Trade Marks (such as the StandardsMark), the applicant 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 paid are non-refundable. |
|--|--|

Signed for and on behalf of applicant *

Signature of applicant or authorised officer of the applicant

Date

Full name (BLOCK LETTERS)

Title

* Applicants may undergo a check on credit history through existing creditors and Credit Reporting Agencies. SAI Global reserves the right to reject any application. **Attach additional pages as required.

Return completed application form with payment to:

The Administration Manager, Product Certification
SAI Global Limited
GPO Box 5420
Sydney NSW 2001 Australia

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.sai-global.com. Please direct privacy related enquiries to the Chief Privacy Officer on (02) 8206 6000 or by email: privacyofficer@sai-global.com.

SAI Global office use only

Create new client	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other SAI Global program (e.g. CEM, OHS?)		
Customer Number		
Program	<input type="checkbox"/> Gas Safety Certification – StandardsMark Scheme <input type="checkbox"/> Gas Safety Certification – Type A Appliances & Components Scheme	
App/Cert Number	Standard	
Preferred Auditor	Client Manager	
Technical Coordinator		
Contract Reviewed by		
Date		
Application Fee Due	\$	
Application Fees Received	\$	
Other Fees Due	\$	
Total amount to be invoiced	\$	
Application Invoice Number	QINV	
Invoiced by	Date	
Date Application Received	Date	

Website www.sai-global.com

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 Phone 1300 360 314
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