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Australian Gas Safety Certification Application Form Revision 3 (Sep 2022)

This application form is for BSI Australian Gas Safety Certification of gas appliances and components in Australia and/or New Zealand.

Please feel free to contact us if you have any query about this form or any aspects of the certification process, e.g. Type Examination, Product Surveillance Inspection, BSI Australian Gas Safety Certification Logo or Gas Compliance Mark (GCM).

1. Applicant (Certificate Holder) Details

Company Name		ABN (Australian Company Only)	
Address to Appear on Certificate			
Name		Company Positi	ion/Title
Telephone		E-mail	
Manufacturer	Importer		Brand/Trademark Owner
Authorized Representative		Other (please s	pecify):
	Address to Appear on Certificate Name Telephone Manufacturer	Address to Appear on Certificate Name Telephone Manufacturer Importer	Address to Appear on Certificate Name Company Positi Telephone E-mail Manufacturer Other (please s

2. Manufacturer Details (If the same as Applicant Details, write 'AS ABOVE')

Details of the manufacturer (company / legal entity), if	Company Name	ABN (Australian Company Only)
different from Certificate Holder.	Physical Address	
Authorized Contact Details	Name	Company Position/Title
	Phone No.	Email

3. Scope of Certification

Type of Certification	New Certificate	Product modif	fication	Transfer fro	m other CABs
Previous/existing certificates					
Details of the appliances/components for	Product Type Click to Select a Product Type		Brand		
certification	Model				
	Description				
	Description				
Gas Types	🗌 Natural Gas 📃 Propa	ne 🗌 Un	niversal LPG	Other	
To your knowledge, have any Conformity Assessment Body	of the Product/s you are seeking certii (CAB)?	fication for, been reject	cted by a	YES	NO
Does the product or its compo	onent parts have other types of certification	ation, e.g. CE/UKCA?		YES	NO

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4. Type Test					
Existing test report details (if applicable)					
Request for testing to be quo	ted and arranged by BSI			YES	NO
Test Laboratory	BSI UK	Lab in China	Lab in Australia	Other	
Note The type testing mus	t be conducted by one of	the BSI recognized labor	atories.		

5. Annual Product Surveillance Inspection / Safety Critical Test for High Risk Gas Equipment

Preferre	ed Location	BSI UK	BSI China	BSI Australia	Other
Note	BSI conducts a visual	and dimensional pr	oduct surveillance inspection	on a representative fully m	parked and packaged production
	sample per Certificate	e at a mutually agree	ed location on an annual basi	is; BSI conducts safety critic	cal tests for gas equipment classified
	as high risk gas equip	ment by Australian	technical regulators.		

6. Quality Management System (QMS)

Do you have a suitable system in place to ensure the gas product manufactured or supplied conforms to	YES
the design to be certified?	L TES

Note Please attach a copy of your ISO 9001 Certificate if QMS is accredited to ISO 9001; Otherwise, please provide your QMS documentation confirming control of product design and monitor of customer complaints.

7. Declarations

- 1. The signatory warrants the information contained in the application is to their knowledge true and correct and, they are authorized to sign this application on behalf of the Client (proposed Certificate Holder) to bind the client to comply with "PP1295 Australian Gas Safety Certification Rules".
- 2. The Client accepts the certification does not guarantee product safety and furthermore the certification is based on a 'Type Test' regime of specific Product sample/s provided by the Client and assessed by BSI to establish compliance against the requirements of relevant Standards and Regulatory requirements. The Certificate Holder is the legal entity responsible for the compliance of the Product.
- 3. The Client attests they are responsible for:
 - (a) Maintaining a suitable quality management system,
 - (b) Ensuring Product conforms to "PP1295 Australian Gas Safety Certification Rules" and specifically the certification Standard "AS 3645 Essential requirements for gas equipment", including implementing appropriate changes when communicated with BSI.

Full Name of Signatory (Please Print)	Company Position/Title	Company Name (Certificate Holder)
Signature		Date

Applic	ation Checklist
	You have completed and signed this application form
	Technical specification covering all models
	Dimensional drawings (assembly and discrete components)
	Product and package markings
	Installation/operating/service instructions
	Any existing certificates & test reports for the product and component parts
	Other supporting documents, e.g. product brochure/photos/audit reports/QMS Certificate

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NO NO