

Australian Gas Safety Certification Application Form Revision 2 (April 2019)

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 certification process, e.g. Type Examination, Product Surveillance Inspection, BSI Australian Gas Safety Certification Logo or Gas Compliance Mark (GCM).

1. Applicant (Certif	icate Holder) Details							
Registered company name/legal entity applying	Company Name		ABN (Australian Company Only)					
for certification.	Physical Address							
	Mailing Address							
Authorized Contact Details	Name		Company Position/Title					
	Phone No.		E-mail					
Applicant Type	Manufacturer	Brand/Trademark Owner						
	Authorized Representative		Other (please specify):					
2. Manufacturer Details (If the same as Applicant Details, write 'AS ABOVE')								
Details of the manufacturer (company / legal entity), if different from Certificate Holder.	Company Name		ABN (Australian Company Only)					
	Physical Address							
Authorized Contact Details	Name		Company Position/Title					
	Phone No.		Email					
3. Type of Application								
Application for a New Certificate Modification of a Certificate Transfer from other CABs								
Summary of modifications:								
To your knowledge, have any of the Product/s you are seeking certification for, been rejected by a Conformity Assessment Body (CAB)?								
If 'Yes", please provide details:								
Does the product or its co	mponent parts have other types of	certification, e.g.	. CE?	YES	NO			
If 'Yes", please provide details:								
Note BSI at its discretion may accept recognized local or overseas test report(s) as compliance with some relevant local Standards requirements, providing the assessments and report(s) are from a recognized source and the report and certificate are in English								
Please attach a separate sheet if required Separate sheet attached.								
4. Quality Management System (QMS)								
Do you have a suitable system in place to ensure the gas product manufacturer or supplied conforms to the design to be certified?								
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.								



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Product Type Brand	5. Scope of Certific	ation							
appliances/components for certification Description Cas Types Natural Gas Propane Universal LPG Other Please attach a separate sheet if required Separate sheet attached. 6. Product Type Testing (if applicable) Testing Laboratory BSI UK Other Note The type testing must be conducted by one of the BSI recognized laboratories. 7. Annual Product Surveillance Inspection Preferred Location BSI Australia BSI China BSI Japan BSI UK Note BSI conducts a visual and dimensional product surveillance inspection on a representative fully marked and packaged production sample per Certificate at a mutually agreed location on an annual basis. 8. Declarations 1. The signatory warnals the information contained in the application is to their knowledge true and correct and, they are authorized to sign this application to behalf of the Cilent (proposed Certificate Holder) to bind the cilent to comply with "PP1295 Australia Gas Safety Certification Rules". 2. The Client accept the certification does not a guarantee product safety and furthermore the criffication 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) Ensurable product control of 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) Written technical specification covering all models of the product Product dimensional drawings (assembly and discrete components) Appliance and packaging markings Installation/operating/service	appliances/components for	Product Type Bra		Brand	rand				
Description		Model							
Rease attach a separate sheet if required Separate sheet attached.		Description							
6. Product Type Testing (if applicable) Testing Laboratory	Gas Types	☐ Natural Gas	Propane	Universal LF	PG Other				
Testing Laboratory	Please attach a separate shee	et if required			Separate	e sheet attached.			
### The type testing must be conducted by one of the BSI recognized laboratories. 7. Annual Product Surveillance Inspection Preferred Location	6. Product Type Testing (if applicable)								
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