



ABN: 98 004 206 044

THE AUSTRALIAN GAS ASSOCIATION (AGA)

**REQUEST FOR APPROVAL OF A MARKING METHOD**

**Section 1: Customer to complete details**

Customer's Name: \_\_\_\_\_

Standard/ATS: \_\_\_\_\_ Product Description: \_\_\_\_\_

**NB: Before completing this document, please refer to AS 5200.000 Appendix B for guidelines regarding the use of the Watermark.**

1. Please describe the means by which it is proposed that the WaterMark would be applied to the Production Units: (✓ box):

- Permanent Adhesive Label
- Laser Printing
- Stamped on Product
- Other Means (Give details below)
- Cast \_\_\_\_\_

2. Please describe the proposed location of the WaterMark on the Production Unit (or attach a photograph/drawing to this form)

\_\_\_\_\_

3. (i) The format of the WaterMark must be in accordance with one of the options set out below with the locations of the relevant Standard number and Licence Number fixed as shown (please tick intended option ✓):



(ii) Please provide any additional information you wish the Certifying Body to consider below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QF 740/2**

4. To distinguish between certifying bodies, the lettering "AGA" shall also be attached either above, below or adjacent to the WaterMark. Please specify the proposed location of the "AGA" lettering:

\_\_\_\_\_

(Where this is not practicable, a suitable alternative may be agreed between the Certifying Body and the Customer)

5. Signed for and on behalf of the Customer by the undersigned who warrants that he/she is authorised to sign this Request for Approval of a Marking Method

Application Signature: \_\_\_\_\_ Date:    /    /

Printed Name of signatory: \_\_\_\_\_

Position Title: \_\_\_\_\_

Customer (Company) Name: \_\_\_\_\_

6. If AGA accepts the marking method outlined in this form, an AGA authorised officer will sign and return this form to the Customer.

**Section 2: AGA to complete details**

Following review of the submittal documentation and the marking method request set out in Section 1 of this form, AGA:

- Accepts your request
- Does not accept your request due to

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the certification process to proceed, please resubmit an alternative request

Authorised AGA Officer Signature: \_\_\_\_\_

Date:    /    /

Printed Name of signatory: \_\_\_\_\_

(Reserved) Licence Number: \_\_\_\_\_ Application Number: \_\_\_\_\_