



APPLICATION FOR TYPE-TESTED PRODUCT CERTIFICATION - GAS AND/OR ELECTRICAL PRODUCT

This is an Application made under and in accordance with the Rules Governing the AGA Product Certification Scheme for Type Tested Gas Products and/or the Rules Governing the AGA Product Certification Scheme for Type Tested Electrical Products (herein referred to as the Rules Governing). Please read these documents before you sign this Application.

Section 1 Applicant Details: (NB: the Applicant is the sole legal entity to be recorded as the Certificate Holder)

Company Name/Legal Entity

⇒ Please attach a current copy of your Company Registration details

Postal Address	Physical Address

Name - Contact Person	Position

Telephone	Facsimile	e-mail

Section 2 Applicant Quality Assurance Information

If the following information has previously been provided via a separate application to AGA and the information is the same, please record the Application reference number here:

Part A To be completed if you have a Quality Management System currently accredited to ISO 9001
 ⇒ Please attach a current copy of your Certificate of Registration

Does your QMS include specific requirements to ensure any proposed changes to AGA certified products are formally agreed to by AGA prior to production changes?

YES ⇒ Please attach a copy of the relevant parts of your QMS documentation to support your statements

NO ⇒ Please state below, if anything, you intend to do to address this issue, including any projected timeframes

Part B To be completed if you have a Quality Management System but it is NOT accredited to ISO 9001
 Please describe below what QA measures you have in place to ensure that your product matches the relevant certified design and attach a copy of relevant parts of your QMS documentation to support your statement(s)

Please describe what measures do you have in place to capture customer complaints about product and the actions taken to resolve such issues? (NB: this is a mandatory field if you do not have an ISO 9001:2000 accredited QMS)

Section 3 For Applications that will result in the issue of a new (ie an original) certificate

Product Type

Product Description

(Please check box/boxes and add a line description as appropriate)

Gas Domestic / Commercial Appliance	<input type="checkbox"/>
Gas Residential Type Barbeque	<input type="checkbox"/>
Gas Camping & Leisure Product	<input type="checkbox"/>
Gas Component	<input type="checkbox"/>
Gas Commercial Catering	<input type="checkbox"/>
Electrical Equipment - Prescribed	<input type="checkbox"/>
Electrical Equipment - Non Prescribed	<input type="checkbox"/>
Other	<input type="checkbox"/>

Model Identification

Brand Identification

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Natural Universal LP Propane Other

Electrical Supply Data

Gas Type Supply (tick)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Supply Pressure	kPa	kPa	kPa	kPa
Burner Pressure	kPa	kPa	kPa	kPa

Voltage	Volts
Frequency	Hz
Current	A

Please nominate the scope of certification required and the relevant Standard(s)

Gas Certification	<input type="checkbox"/>	<input type="text"/>
Electrical Certification	<input type="checkbox"/>	<input type="text"/>

Please comment below if this product is to be assessed to any requirements additional to the above.

NB: If this product requires **WaterMark** certification, please contact our office or visit www.aga.asn.au for detailed information.

Is the sample product production quality or prototype? Production Prototype

Has the product been subject to any Application for certification in Australia by any other Regulatory Authority or Certification Body? NO/YES If YES, please provide details below

Is there any additional product information that you wish to be considered with this Application? NO/YES

If YES, please attach details to this Application and if full or part compliance with AGA requirements is claimed by virtue of meeting other Standards / Codes, you must provide (i) identification of the certification authority, (ii) a copy of the official test report (in English) and (iii) a copy of a current Certification record

Product Manufacturer Details (NB: *if the Applicant is the Manufacturer please insert note to that effect*)

Company Name/Legal Entity

⇒ Please attach a current copy of your Company Registration details

Postal Address	Physical Address
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Name - Contact Person	Position
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Telephone	Facsimile	e-mail
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Will the product require any modifications/additions etc (including markings/labels/instructions) following its exit from the control of the manufacturer?

NO
YES

⇒ Please attach details to this Application.

Section 4 For Applications to modify an existing AGA Certificate

Certificate Number of existing AGA certificate

(Please tick box/boxes to clarify purpose of this Application)

- Product modification to existing AGA certification
- Product addition to existing AGA certification
- Upgrade to new Standard / Certification requirements
- Upgrade scope of Certification (e.g. add electrical / gas certification)
- Renewal of Certificate (applies to certificates that include electrical certification)

For each case listed above, where modifications to an existing AGA certification are required, please attach details to this Application. The details should include a detailed description of the modification(s) required and supporting documentation, eg updated specifications, photographs, technical drawings. **IMPORTANT: ALL PRODUCT CHANGES MUST BE DECLARED**

Section 5 Payment Options

Our Fee Schedule is available from our website (www.aga.asn.au) and it is listed as an Appendix in the relevant Rules Governing. The appropriate Application Fee needs to be paid in Australian Dollars and at the time of lodging this Form with the AGA. The following clarifies payment options available to customers and you should complete the section that applies to this Application. Do NOT send cash, as we accept no responsibility for such payments. Cash can only be accepted if paid in person at the AGA office.

Cheque

Note: Cheques are to be made payable to The Australian Gas Association

<i>Amount</i>	<i>Cheque Number</i>	<i>Date of Cheque</i>
AUD\$		

Online

You can select the "Pay AGA Invoice" option on our website (www.aga.asn.au) and use a credit card via our secure payment gateway. Please advise us of such payment details for speedier reconciliation purposes.

Card

NB: Completing this section will authorise us to charge the listed amount only to the nominated card

<i>Amount</i>	<i>Card Holder Name</i>	<i>Card Expiry Date</i>
AUD\$		

Card Details *Number*

VISA

MASTERCARD

AMEX

AMEX Code:

Bank Transfer

<i>Amount</i>
AUD\$

AGA Bank Details

Bank National Australia Bank
Branch 39 London Circuit, Canberra, ACT, 2600
BSB 082 962
Account Number 02-837-2121
Account Name The Australian Gas Association
Swift Number NATA AU3302S

⇒ Please provide payment records with your Application to enable prompt processing

Section 6 Terms and Conditions

- (i) Where the Applicant is not the manufacturer, I authorise AGA to contact the manufacturer of the item for which certification is sought and discuss this Application and my associated obligations.
- (ii) I agree that in consideration of AGA accepting this Application the Customer shall comply with and be bound by the relevant Rules Governing, which are expressly incorporated in this Application.
- (iii) I agree that I have read and understood the relevant Rules Governing prior to making this Application.
- (iv) I acknowledge that AGA certifies the Technical Design of a Sample Product provided to it by the Customer and that such Certification is based on an assessment by AGA to establish compliance of the Technical Design of a Sample Product with the requirements of applicable Standards and/or Codes and other requirements of relevant Regulatory Authorities.
- (v) I further acknowledge that Certification is not a guarantee of Product safety.
- (vi) I am authorised to sign this Application on behalf of the Customer and to bind the Customer to comply with the relevant Rules Governing.
- (vii) I acknowledge:
 - (a) Italicised words in this Application bear the same meaning as in the relevant Rules Governing.
 - (b) A copy of the relevant Rules Governing is available from the AGA office or from the AGA website (www.aga.asn.au)

Signed for and on behalf of the Customer by the undersigned who warrants that he/she is authorised to sign this Application on behalf of the Customer and to bind the Customer to comply with each of the Customer's obligations under the relevant Rules Governing. NB: An appropriate authority within the organisation named as the Certificate Holder must sign this Application.

Print Name and Job Title	Signature
<hr style="width: 80%; margin-left: 10px;"/>	

Company Name	Date

PLEASE RETURN COMPLETED APPLICATION FORM TO: Telephone: + 613 9580 4500 Fax: +613 9580 5500 e-mail: office@aga.asn.au	THE CHIEF EXECUTIVE AGA PO BOX 122 BRAESIDE VICTORIA 3195 AUSTRALIA
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OFFICE USE ONLY	
Date Received	
Application Number	
Administration Officer	
Technical Officer	
Certificate Number (if applicable)	