|  |  |  |
| --- | --- | --- |
|  |  |  |

**IAPMOMark Product Certification Application Form**

By the act of completing and submitting this Application Form to IAPMO Oceania, the Certificate Holder is undertaking to adhere to and comply with the IAPMOMark “Governance Rules”. Please read these Rules and the Terms and Conditions in this Application Form before you sign this form.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Certificate Holder Details** | | | |
| **Details of registered company / legal entity applying for certification.** | **Company Name** | | |
| **ABN (Australian Company Only)** | **Relationship to Manufacturer, where different** | |
| **Street** | | |
| **Suburb** | **City** | |
| **State** | **Country** | **Postcode** |
| **Contact Details** | **Name** | **Company Position/Title of the applicant** | |
| **Phone No.** | **E-mail address** | |
| **MAILING ADDRESS**  For correspondence relating to this OceaniaMark application.  **AS ABOVE** | **Street** | | |
| **Suburb** | **City** | |
| **State** | **Country** | **Postcode** |
| **INVOICING DETAILS**  For correspondence relating to invoicing.    **AS ABOVE** | **Name** | **Company Position/Title of the applicant** | |
| **Street** | | |
| **Suburb** | **City** | |
| **State** | **Country** | **Postcode** |
| **Phone No.** | **E-mail address** | |

|  |  |  |
| --- | --- | --- |
| 1. **Nominated Application Contact *Note:*** *Where not the Certificate Holder or Manufacturer* | | |
| Individual representing the Certificate holder and being the prime contact for matters pertaining to this application.  **AS ABOVE** | **Company Name** | **Contact Name** |
| **Phone No.** | **E-mail address** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Manufacturer Details – Site Address** | | | |
| Details of the manufacturer (company / legal entity) requiring OceaniaMark certification (if different from above)  **Complete ONLY if the Certificate Holder is NOT the Manufacturer** | **Company Name** | | |
| **ABN (Australian Company Only)** | | |
| **Street** | | |
| **Suburb** | **City** | |
| **State** | **Country** | **Postcode** |
| Contact Details  **AS PER CERTIFICATE HOLDER DETAILS (Item 1)** | **Contact Name** | **Company Position/Title of the manufacturer’s representative** | |
| **Phone No.** | **E-mail address** | |
| **Is this plant ISO 9000 certified** | **YES (If yes, name of Certification Body)  NO** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| * 1. **Manufacturing Process Undertaken at a Different Site Location Including the**   **Sub-Contracting/Outsourcing of any Critical Product Component/s (if insufficient room, please attach further details)** | | | |
| **Manufacturer / Process** |  | | |
| **Manufacturing site location** | **Street** | | |
| **Suburb** | **City** | |
| **State** | **Country** | **Postcode** |

|  |  |
| --- | --- |
| 1. **IAPMOMark Certification Details** | |
| **Product Description** |  |
| **Standard / Specification for which WaterMark certification is sought (If known)** |  |
| ***Note:*** Existing Type test reports will only be considered for IAPMOMark certification purposes if they are less than 2 years old; have been undertaken by an independent testing laboratory that is either NATA accredited; accredited by an International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement (MRA); or has been recognised by IAPMO Oceania. Substantiated evidence must also be provided to verify that the product that underwent testing is identical in all respects to the current production design of the model/s requiring certification. | |

|  |  |  |
| --- | --- | --- |
| 1. **Transfer of current Certification to IAPMO Oceania  Yes  No** | | |
| **If transferring a current certificate from another JAS-ANZ accredited Conformity Assessment Body (CAB)** | **Name of current CAB** | **Certificate No.** |
| **Date of Certificate issue** | **Date of Certificate expiry** |
| ***Note:*** *Please provide details of products currently certified together with original or certified copies of laboratory Type Test reports, product markings, installation/maintenance instructions (where applicable) and any other product related technical information, with this application form. A copy of the last factory audit report undertaken by the JAS-ANZ accredited Conformity Assessment Body (CAB) is to be submitted together with a corrective action plan to address any issues identified.* | | |

|  |
| --- |
| 1. **Fees and Payment**  * An application fee invoice if applicable will be sent to the invoicing contact as specified on page 1. * The certification process will not commence until the application fee has been paid. |

**CONFIDENTIALITY**

IAPMO Oceania respects its client’s privacy and in processing your application, the personal information we collected relating to you and your organization is for the purpose of providing you and your organization with a high level of customer service. The collected information shall be kept confidential other than that information you have consented to be released; information which is in the public domain or disclosed by IAPMO Oceania if the disclosure is necessary to comply with the law or to maintain the integrity or validity of the IAPMOMark; or IAPMO Oceania’s status as an Approved Certifier; or disclosed to Standards Australia and such information may used or disclosed by Standards Australia if the disclosure is necessary to comply with the law or to maintain the integrity of the Australian Standards.

|  |
| --- |
| 1. **Terms and Conditions** |
| **1.** The signatory warrants the information contained in the application is true and correct and they are authorised to sign this application on behalf of the applicant.  **2.** The signatory affirms that they are authorised by applicant to apply for IAPMO Oceania Pty Ltd ‘IAPMOMark’ certification.  **3.** Where the applicant is not the manufacturer, the manufacturer is required to provide written correspondence of acceptance acknowledging the applicant’s intent seeking certification of their product(s).  **4.** The applicant acknowledges that they have read and agrees to abide by the following IAPMO Oceania contractual documents.  **a.** Fee Schedule. Detailed certification services quote available upon request, if not already provided, **b. IAPMOMark “Governance Rules” – Scheme document POL-400.**  **5.** The applicant agrees that:  **a.** When IAPMO Oceania accepts this application in writing; or **b.** If the application is not accepted in writing, when IAPMO Oceania starts to supply Certification or Assessment Services to the applicant; there is a contract for the supply of certification and/or Assessment Services upon the terms set out in the documents listed in clause 4 above.  **6.** The applicant accepts the certification is not a guarantee of product safety; furthermore, the certification is based on a ‘Type Test’ regime of specific sample(s) provided by the applicant and assessed by IAPMO Oceania Pty Ltd to establish the product complies with the requirements of the relevant product Standards.  **7.** This application is valid for a period of 12 months from the aforementioned application date, after which the application may be terminated by IAPMO Oceania Pty Ltd if there has been no active progress.  **8.** The application and certification fees are non-refundable.  **9.** Where additional time is required for the inspection visit of a manufacturing site; or an additional inspection visit is required to verify the implementation of corrective actions resulting from “Action Items” raised at the Pre-Certification Inspection or Continuous Compliance Inspection visit; IAPMO Oceania may invoice the applicant/license holder for inspection time, accommodation, meals and any other expenses related to the undertaking the additional inspection visit. There may also be charges invoiced should the Client cancel an organised inspection.  **10.** IAPMO Oceania may from time to time utilize the services of IAPMO R&T Inspectors or IAPMO Oceania sub-contractors for providing certification service activities. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Note: The following signatory must be a duly authorised representative and from the organisation named as the ‘Certificate Holder’** | | | |
| **Signature of applicant** | **Full Name of signatory** (Please print) | | **Position** |
| **Company Name** | | | **Date** |
| Please return completed and **SIGNED** application form together with supporting product documentation to: | **info@iapmooceania.org** | **OR** | **7-11 Fullard Road**  **Narre Warren VIC 3805**  **AUSTRALIA** |