



# ActivFire® Scheme – Product Certification Project/Prospect Registration Form ACTIVFIRE®



#### 1. Instructions

- 1. Save to your desktop. Open with Adobe PDF Viewer (or similar), then complete the form.
- 2. Return the signed document and email to certification@csiro.au

### 2. Terms of Service Delivery

This form should be completed with reference to the CSIRO Verification Services terms and conditions as contained in the following documents.

1. CSIRO Verification Services - ActivFire® Scheme Terms of Service.

a. for Domestic (Australian) Clients/Customers: AF-D000.D

b. for Foreign (International) Clients/Customers: AF-D000.F

2. Rules governing ActivFire® Scheme: AF-D001

#### 3. Applicant<sup>1</sup>

The Producer, or business entity authorised by the Producer, initialising and/or facilitating a request and submission for the verification processes required to certify a product.

Are you a new applicant or an existing registrant that requires your details to be updated?		☐Yes (Please complete the details below)		☐ No (Please provide your business entity names or business idx no., if known)			Business Idx no.:	
Legal name:						<sup>2</sup> Company	registration num:	
Trading name:						<sup>3</sup> Aust. Business num. (ABN):		
Street address:						City:		
Country:						Postal code:		
Phone num.:			Website:			Email:		
Applicant's contact deta	ils <sup>4</sup>							
First Name:					Last na	ame:		
Middle name:					Title / prono	ouns:		
Position:					Email:			
Phone num.:					Mobile num.:			

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<sup>&</sup>lt;sup>1</sup> If the business entity of the Applicant is different to the Producer, CSIRO will require a letter from the Producer authorising the Applicant to act on the Producer's behalf for the application of ActivFire® certification of the products listed in this form.

<sup>&</sup>lt;sup>2</sup> Company registration number/code issued and verifiable by a statutory agency of the country designated in the company address.

<sup>&</sup>lt;sup>3</sup> Australian Business Number (ABN) as applicable to Australian Business entities.

<sup>&</sup>lt;sup>4</sup> If there are multiple contact personal, please provide all other associated contacts via email.



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## 4. Producer

anagement/contro	ii associated with the con					
			\			
	plicant the same business entity	/¹? ☐Yes (Ski	p to section 5)			e this section)
Legal name:				<sup>2</sup> Company r	egistration num:	
Trading name:				<sup>3</sup> Aust. Busi	iness num. (ABN):	
Street address:					City:	
Country:				Po	ostal code:	
Phone num.:		Website:	'	Email:		
roducer's contact deta	ils <sup>4</sup>	1				
First Name:			Last name:			
Middle name:			Title / pronouns:			
Position:			Email:			
Phone num.:			8 4 - l-11			
. Primary	Manufacturi		•	e total. sub	ostantive o	or final
. Primary	Manufacturi usiness entity contracted y process of a product.		it (PMU)	e total, sub	ostantive c	r final
. Primary e Producer, or a broduction/assembly	usiness entity contracted		it (PMU)			o <b>r final</b> e this section)
. Primary e Producer, or a broduction/assembly	usiness entity contracted y process of a product.	with the Pro	it (PMU)		ase completo	
Primary e Producer, or a bioduction/assembly	usiness entity contracted y process of a product.	with the Pro	it (PMU)	□No (Ple	ase completo	
Primary e Producer, or a be oduction/assembly Is the Producer and PN Legal name:	usiness entity contracted y process of a product.	with the Pro	it (PMU)	□No (Ple	ase complete egistration num: iness num.	
Primary e Producer, or a broduction/assembly Is the Producer and PN Legal name: Trading name:	usiness entity contracted y process of a product.	with the Pro	it (PMU)	□No (Ple <sup>2</sup> Company r <sup>3</sup> Aust. Busi	ase complete egistration num: iness num. (ABN):	
Primary  Producer, or a be oduction/assembly  Is the Producer and PN  Legal name:  Trading name:  Street address:	usiness entity contracted y process of a product.  MU the same business entity?	with the Pro	it (PMU)	□No (Ple <sup>2</sup> Company r <sup>3</sup> Aust. Busi	ase complete egistration num: iness num. (ABN): City:	
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e Producer, or a be oduction/assembly.  Is the Producer and PN  Legal name:  Trading name:  Street address:  Country: Phone num.:	usiness entity contracted y process of a product.  MU the same business entity?	with the Pro  ☐Yes (Skip to	it (PMU)	□No (Ple <sup>2</sup> Company r <sup>3</sup> Aust. Busi	ase complete egistration num: iness num. (ABN): City:	
e Producer, or a broduction/assembly Is the Producer and PN Legal name: Trading name: Street address: Country: Phone num.: MU's contact details <sup>4</sup>	usiness entity contracted y process of a product.  MU the same business entity?	with the Pro  ☐Yes (Skip to	it (PMU) ducer, providing the	□No (Ple <sup>2</sup> Company r <sup>3</sup> Aust. Busi	ase complete egistration num: iness num. (ABN): City:	
e Producer, or a broduction/assembly  Is the Producer and PN  Legal name:  Trading name:  Street address:  Country: Phone num.:  MU's contact details <sup>4</sup> First Name:	usiness entity contracted y process of a product.  MU the same business entity?	with the Pro  ☐Yes (Skip to	it (PMU) ducer, providing the	□No (Ple <sup>2</sup> Company r <sup>3</sup> Aust. Busi	ase complete egistration num: iness num. (ABN): City:	

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## 6. Secondary Manufacturing Unit

Are there more than	one manufacturing units?	□Yes (Please	complet	e this section <sup>5</sup> )	□No	(Please skip to se	ection 7)
Legal name:		1			<sup>2</sup> Compa	any registration num:	
Trading name:					<sup>3</sup> Aust.	Business num. (ABN):	
Street address:						City:	
Country:						Postal code:	
Phone num.:		Website:			Ema	il:	
anufacturing Units' c	ontact details <sup>4</sup>						
First Name:				Last na	me:		
Middle name:				Title / prono	uns:		
Position:				En	nail:		
Phone num.:				Mobile nu	ım.:		
pport for the certi	fied product.						
s the Producer and Ag	ent/Distributor the same b	usiness entity?	□Yes	(Skip to section 8	3)	□No (Please co	mplete this section
Legal name:					<sup>2</sup> Comp	any registration num:	
Trading name:					3Aust	. Business num.	
Street address:						(ABN):	
Country:						(ABN): City:	
Phone num.:							
		Website:			Email:	City:	
gent/Distributor cont	act details <sup>4</sup>	Website:				City:	
gent/Distributor conta First Name:	act details <sup>4</sup>	Website:		Last na	Email:	City:	
	act details <sup>4</sup>	Website:		Last na Title / prono	Email:	City:	
First Name:	act details <sup>4</sup>	Website:		Title / prono	Email:	City:	

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<sup>&</sup>lt;sup>5</sup> If there are more than two manufacturing units, please provide details of the other manufacturing units via email.

<sup>&</sup>lt;sup>6</sup> Agent(s)/distributor(s) shall be Australian business entit(y/ies) for products distributed in Australia, authorised by the Producer and as established in the course of the verification validation process.



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## 8. Invoicing Details

Are the invoicing	g details different from the Applicant's contact details	☐Yes (Please compl	ete this section)	☐No (Skip to section)
First Name:	(If it is "Accounts Payable" enter "Accounts Payable")	Last name:		
Middle name:		Title / pronouns:		
Position:		Email:		
Phone num.:		Mobile num.:		

### 9. Product Details

Enter the details of the products below and provide brochures or descriptive literature with product designation details.

No.	Trade Brand	Model / Series / System	Product Type	Conformance criteria (eg. AS 3786)	Product Description

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#### AF-F001



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#### 10. Applicant's Authorisation and Declaration

As the Applicant requesting registration of a product certification project, under the CSIRO Verification Services – ActivFire® Scheme, I acknowledge and accept the following.

- 1. I hereby certify that the information provided is true and correct to the best of my knowledge.
- 2. If the business entity of the Applicant is different to the Producer, I authorise CSIRO to contact the Producer of the product where necessary for the purposes of the evaluation and verification processes.
- 3. If the applicant cannot be validated, the applicant shall be rejected and notified accordingly.
- 4. The time required for processing of a project registration request, may increase if:
  - a. Research, referral, or consultation is necessary to determine appropriate standard(s)/specification(s), relevant to evaluating and verifying the conformity of the product(s) for regulatory/system design requirements or other intended purpose.
  - b. The type of product is of an unfamiliar, unusual, or complex technology or the scope of product(s) proposed for submission is ambiguous, incomplete or inadequately defined for the purposes of evaluation and verification.

Signed	By (Print name)	Date

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