



1.3. Registrant Details

Are there any changes to the registrant details?	<input type="checkbox"/> Yes (Please complete the details below)	<input type="checkbox"/> No (Please provide your business entity names or business idx no., if known)	Business Idx no.:
Legal name:			¹ Company registration num:
Trading name:			² Aust. Business num. (ABN):
Street address:			City:
Country:			Postal code:
Phone num.:	Website:		Email:
Customer contact details (Details of the individual submitting the notification of product modification / variation)			
First Name:		Last name:	
Middle name:		Title / pronouns:	
Position:		Email:	
Phone num.:		Mobile num.:	

1.4. Registrant Authorisation and Declaration

As the Registrant requesting modification / variation of a Certified Product, 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. The time required for processing of a product modification / variation, 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) modification / variation 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) modification / variation proposed for submission is ambiguous, incomplete or inadequately defined for the purposes of evaluation and verification.

Signed	By (Print name)	Date

¹ Company registration number/code issued and verifiable by a statutory agency of the country designated in the company address.
² Australian Business Number (ABN) as applicable to Australian Business entities.



2. Processing Details (For CSIRO only)

2.1. Verification Contact³

Name:			
Phone:		Email:	

2.2. Evaluation Contact⁴

Name:			
Phone:		Email:	

2.3. Reference Criteria

2.4. Evaluation Requirements

2.5. Evaluation Notes

Date	Details

2.6. Statement of Conformity

The designated product/s, subject to the product changes/variations as detailed by this document and related attachments, conform with the relevant requirements of the above-stated reference criteria.

Statement by:			Date of statement:
Name (printed):	Sign:		
Reviewed by:			Date of statement:
Name (printed):	Sign:		

³ Details of the contact responsible for verifying the conformance of the product modifications/variations.

⁴ Details of the contact responsible for determining the scope and requirements of evaluation.