AF-F003



CSIRO Verification Services ActivFire® Scheme Product Modification/Variation Notification and Processing Form

1. Notification details									
	ıct designation deta	nils	Contir	nuation of produ	uct details attac	hed□	printed pages		
Cert. No	Trade brand	Model/Series	Type/description of pro	duct					
Description/d	etails of modificatio	n/variation	Continuat	on of description	on/details attach	ned 🗆	printed pages		
<u> </u>									
Registrant (Co	ompany designated	as the Registrant for the proc	luct(s), as currently listed	in the Regist	er of Fire Prote	ction Ec	quipment)		
Are there an	y changes to the	☐Yes (Please complete the details	☐ No (Please provide your	business entity	Business I				
r	egistrant details?	below)	names or business id			ux 110.			
	Legal name:			¹ Company re	¹ Company registration num.:				
	Trading name:			² Aust. Busine	ess Num. (ABN):				
	Premises:								
Address	Postal:								
	Line phone:		Website:		Email addre	ee.			
Customan	· ·	in dividual autoritation of the		fination beauty					
Gustomer / co		e individual submitting the not	incation of product modi	rication/variat	ion)				
	Name Company page								
Company name (if different to above)				E	Business idx. no.				
Address (if different to above)									
(II d	Position		Division/section	n					
	Mobile phone		E-ma	ul					
	thorisation and decl								
•		/ variation of a Certified Product, und		ces – ActivFire® S	Scheme, I acknowl	edge and	accept the following.		
		provided is true and correct to the be f a product modification / variation, ma							
a. res	earch, referral, or consul	tation is necessary to determine appr	opriate standard(s)/specificatio		valuating and verif	ying the co	onformity of the		
		riation for regulatory/system design re			riation proposed f	or submiss	sion is ambiguous		
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 nam	e)	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.



AF-F003



CSIRO Verification Services ActivFire® Scheme Product Modification/Variation Notification and Processing Form

Office use only				Office use only ▼
2. Processin	g details			
Verification contact	(Details of the contact responsible for verify	ing the conformance of th	e product modifications/variations)	
Nam	е			
Direct phon	e	E-mail		
Reference criteria (Criteria may be amended, if necessary, during	g the course of evaluation	process)	
Evaluation contact	Details of the contact responsible for determ	nining the scope and regu	irements of evaluation)	
Nam		<u> </u>	,	
Company nam	e			
Addres	s			
Positio	n	Division/section		
Direct phon		E-mail		
		2	Further requirements attached	
Evaluation requirem	ients		Further requirements attached	printed pages
Evaluation notes			Further notes attached \square	_ printed pages
Date	Details			
Statement of confor	mity			
	duct/s, subject to the product changes/varia its of the above-stated reference criteria.	tions as detailed by this o	locument and related attachments,	conform with the
Statement by:			Date of statement:	
Name (printed):	I .			
	Sign:			
Reviewed by:	Sign:		Date of review:	