*Editorial Note: This version of the form has undergone a format change.*

**Instructions:**

Use the ‘Tab’ key to move between fields; Use the space bar to check boxes.

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| **ORGANISATION** | |
|  | |
| **APPLICANT NAME** (including salutation – Dr / Mrs / Ms / Mr etc.,) | |
|  | |
| **POSITION TITLE** | |
|  | |
| **TELEPHONE NUMBER(S)** | |
| Landline (direct line if possible): | Mobile: |
| **EMAIL ADDRESS** | |
|  | |
| **LINKEDIN®** (If you have a LinkedIn® profile, please provide the web-link) | |
|  | |
| **REASON FOR THIS APPLICATION** | |
| Initial Signatory  Replacement Signatory  Additional Signatory | |
| **FORMAL EDUCATION** (Secondary &/or Tertiary &/or Post-Tertiary Education, noting the year completed and qualification attained) | |
|  | |
| **COATING INDUSTRY SPECIFIC EDUCATION** (Noting the year completed and qualification attained) | |
|  | |
| **PRACTICAL EXPERIENCE RELEVANT TO BECOMING AN APAS SIGNATORY** (Applicants must be able to demonstrate competence in Quality Management Systems &/or understand APAS Procedures and apply APAS Requirements) | |
|  | |
| **PRACTICAL KNOWLEDGE RELEVANT TO BECOMING AN APAS SIGNATORY** | |
| Confirm that you have reviewed and understood the content of the following APAS documents:  AP-D001 Rules Governing How APAS® Operates  AP-D123 Restrictions on Ingredients in Paint Formulations  AP-D177 How Paint Manufacturers Participate in APAS®  AP-D181 Volatile Organic Compounds (VOC) Limits  AP-D183 Guidelines for Changes to Formulation of Approved Products  AP-D192 Rules Governing the APAS® Product Certification Scheme  AP-D197 Rules Governing the Use of the APAS® Certified Trademark | |

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| **SIGNATURE OF APPLICANT** (Or insert your full name if an electronic submission) | | |
| I confirm that the above details are correct, that I understand the functions of an APAS Signatory, and that I am familiar with the requirements of APAS: | Position Title: | Date: |
| **SIGNATURE OF CURRENT SENIOR APAS SIGNATORY** (If Initial Signatory Application, leave blank; insert your full name if an electronic submission) | | |
| I confirm that the Applicant is a candidate suitable to perform the functions required of an APAS Signatory on behalf of the organisation: | Position Title: | Date: |

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| **FOR APAS USE ONLY** | | |
| The Applicant is **approved / not approved** as an APAS Signatory: | Function/Title: | Date: |
| Updated:  PRIMIS  Email Lists | | |