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| Applicant organisation details |
| * General information
 |
| Trading name: | Click to add trading name | **ABN/ACN:** (Australia Only) | Click to add ABN/ACN |
| Legal name: | Click to add legal name | **ABN/ACN:** (Australia Only) | Click to add ABN/ACN |
| Legal name: (Parent company) | Click to add parent company legal name | **ABN/ACN:** (Australia Only) | Click to add ABN/ACN |
| Physical address: (including street, suburb or town, state, country, and postcode) | Click to add physical address |
| Postal address:(check applicable box and add details, where required) | [ ]  Same as physical address above [ ]  Specific postal address; please state: Click to add postal address  |
| Telephone number: (general) | Click to add telephone number | **Organisation website:** | Click to add organisation website |
| General enquiry email address: | Click to add email address | **Number of employees:** | Click to add number of employees |
| Annual production: | Click to add annual production | **Overview of the organisation’s core business activities:** | Click to add overview of business activities |
| * Manufacturing Unit(s) and branch office(s)

NOTE: Check box applicable to Applicant organisation and add detail where required |
| [ ]  All products are manufactured by the Applicant organisation’s own manufacturing facility/facilities.Provide details of manufacturing site(s) and branch office(s) location(s): Click to add details [ ]  All products are Toll and/or Contract manufactured at an existing Recognised Manufacturing Unit (RMU).Provide details of applicable RMU(s) the Applicant organisation holds contractual agreement(s) with (including RMU no.): Click to add details [ ]  Applicant organisation products are split-produced: specific products are manufactured by the Applicant organisation’s own manufacturing facility/facilities and specific products are Toll and/or Contract manufactured at existing RMU(s).Provide details of manufacturing site(s) and branch office(s) location(s): Click to add details Provide details of applicable RMU(s) the Applicant organisation holds contractual agreement(s) with (including RMU no.): Click to add details  |

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| Applicant certifications and/or accreditations |
| Quality Management System, please state: (i.e., ISO 9001) Click to add details  | **3rd Party Auditor:**Click to add details | **Certification or accreditation no.:**Click to enter no. | **Date of last audit:**Click to enter date |
| Technical Competence System, please state: (i.e., ISO 17025)Click to add details  | **3rd Party Auditor:**Click to add details | **Certification or accreditation no.:**Click to enter no. | **Date of last audit:**Click to enter date |
| WHS Management System, please state:(i.e., ISO 45001)Click to add details  | **3rd Party Auditor:**Click to add details | **Certification or accreditation no.:**Click to enter no. | **Date of last audit:**Click to enter date |
| Environmental Management, please state: (i.e., ISO 14001)Click to add details  | **3rd Party Auditor:**Click to add details | **Certification or accreditation no.:**Click to enter no. | **Date of last audit:**Click to enter date |
| Other certifications and/or accreditations, please state:Click to add details  | **3rd Party Auditor:**Click to add details | **Certification or accreditation no.:**Click to enter no. | **Date of last audit:**Click to enter date |

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| Applicant commercial details – Product sourcing and target market |
| Product sourcing |
| Product for the Applicant organisation are sourced from: (check applicable box)[ ]  Applicant organisation facility/facilities only.[ ]  A number of facilities; please provide details: Click to add details[ ]  Other sourcing arrangements; please provide details: Click to add details |
| Target market |
| APAS certification is/shall be used to gain access to: (check applicable box)[ ]  Australian government clients.[ ]  Non-Australian government clients; please provide details: Click to add details[ ]  Other clients; please provide details: Click to add details |

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| Applicant APAS signatoriesNOTE: All individuals nominated by the Applicant organisation as an APAS signatory shall complete and return an APAS form AP-D194 for assessment by APAS. |
| APAS signatory no.: 1 |
| Name: | Click to add name | **Position:** | Click to add position |
| Telephone:* Landline
* Mobile
 | Click to add landlineClick to add mobile | **Email address:** | Click to add email |
| APAS signatory no.: 2 |
| Name: | Click to add name | **Position:** | Click to add position |
| Telephone:* Landline
* Mobile
 | Click to add landlineClick to add mobile | **Email address:** | Click to add email |
| APAS signatory no.: 3 |
| Name: | Click to add name | **Position:** | Click to add position |
| Telephone:* Landline
* Mobile
 | Click to add landlineClick to add mobile | **Email address:** | Click to add email |

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| Key other contacts |
| Senior Administrative Executive |
| Name: | Click to add name | **Position:** | Click to add position |
| Telephone:* Landline
* Mobile
 | Click to add landlineClick to add mobile | **Email address:** | Click to add email |
| Senior Technical Executive |
| Name: | Click to add name | **Position:** | Click to add position |
| Telephone:* Landline
* Mobile
 | Click to add landlineClick to add mobile | **Email address:** | Click to add email |
| Person responsible for Quality Assurance |
| Name: | Click to add name | **Position:** | Click to add position |
| Telephone:* Landline
* Mobile
 | Click to add landlineClick to add mobile | **Email address:** | Click to add email |
| Person responsible for Manufacturing Operations |
| Name: | Click to add name | **Position:** | Click to add position |
| Telephone:* Landline
* Mobile
 | Click to add landlineClick to add mobile | **Email address:** | Click to add email |
| Person to whom APAS invoice shall be directed to |
| Name: | Click to add name | **Position:** | Click to add position |
| Telephone:* Landline
* Mobile
 | Click to add landlineClick to add mobile | **Email address:** | Click to add email |

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| Payment details |
| Please Note: Payment of the application fee, in line with APAS document AP-D003 (APAS Schedule of Fees) is required. The application fee shall be invoiced after the CSIRO Verification Services Agreement (VSA) has been signed and returned. |

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| Declaration |
| I hereby affirm that I have read the documents governing how APAS operates (refer to the [Documents Section](https://vs.csiro.au/apas/documents/) of the [APAS website](https://vs.csiro.au/apas/)) and I confirm that our organisation shall abide by these rules in the event that APAS accepts our organisation as a participant.[ ]  Agree [ ]  Disagree |
| Name: Click to enter name | **Position:** Click to enter position | **Date:** Click to enter date |

**Please Note:** Return completed application form to the APAS Executive Officer; refer to the [Contact Us](https://vs.csiro.au/apas/contact-us-2/) page on the [APAS website](https://vs.csiro.au/apas/) for further information.

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| OFFICE USE ONLY |
| Project Code: Click to add details | **VSA no.:** Click to add details | [ ]  VSA sent to client | [ ]  Signed VSA returned |
| Areas updated:  | [ ]  PRIMIS  | [ ]  AP-D152  | [ ]  Group email list  | [ ]  Audit schedule |