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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 signatories  NOTE: 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 landline  Click 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 landline  Click 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 landline  Click 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 landline  Click 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 landline  Click 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 landline  Click 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 landline  Click 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 landline  Click 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 |