*Editorial Note:* *This version of the document adds in Level of Product Approval to the determination i.e., CLASS I (Full) or CLASS II (Interim)*

**STATEMENT OF THE COMPOSITION OF GLASS BEADS USED WITH PAVEMENT MARKING MATERIALS.**

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| --- | --- |
| **Purpose:** | 1. This form, to be completed by an APAS Signatory, is to be used by the Client to provide formal verification that a glass bead product submitted for APAS certification meets the requirements of APAS Specification AP-S0042. Retain a copy as a record.
 |
| **Instruction:** | 1. Use one application form per product.
2. Fill in the form by completing the highlighted sections as applicable.
3. Ensure the product name that appears on this (and TDS/PDS, SDS) documentation is the **same** as that which appears on the product label, as it is this name and/or number that will be listed on the APAS List of Certified Products.
 |

**Section A: Background Information:**

|  |  |
| --- | --- |
| Manufacturer: |       |
| Importer / Local Agent / Client: |       |
| Product Name: |       |
| Product Code: |       |
| The data describing this product is derived from revision number: |       |
| APAS Specification Number: |       |
| APAS ID (for re-submissions only): |       |
| **Section B: Composition of the Product:****NOTE:** Refer to APAS Specification AP-S0042 to confirm information as it pertains to product composition, testing specifications etc., (refer to <https://vs.csiro.au/apas/specifications/>)

|  |  |
| --- | --- |
| **Component** | **Total (%)** |
|       |       |
|       |       |
|       |       |
|       |       |
|  |       |

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| --- | --- | --- | --- | --- | --- | --- |
| **Section C: Declaration:****I hereby certify that the information provided is true and correct to the best of my knowledge:**

|  |  |
| --- | --- |
| Name of APAS Signatory: |       |
| Signature (not required for an electronic submission): |       |
| Date: |       |

 |
| **FOR APAS USE ONLY:** |
|

|  |  |  |
| --- | --- | --- |
| Determination: | Approved | Not Approved |
| Level of Approval: | CLASS I | CLASS II |
| If ‘Not Approved’, note reason(s): |  |
| Name of APAS Officer: |  |
| Signature: |  |
| Date: |  |
| APAS ID (for new approval): |  |

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