*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:**

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| --- | --- |
| 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 (%)** | |  |  | |  |  | |  |  | |  |  | |  |  | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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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