*Editorial Note: This version of the form has updated terminology in line with AS/NZS ISO/IEC 17065 including the form name.*

**Instructions:**

Use the ‘Tab’ key to move between fields; Use the space bar to check boxes; Click on the word ‘select’ to choose an answer.

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| **1. APPLICANT ORGANISATION DETAILS** | | | | | | |
| **1.1 General** | | | | | | |
| Trading Name: | | | | | ABN / ACN (Australia Only): | |
| Legal Name of Company: | | | | | ABN / ACN (Australia Only): | |
| Legal Name of Parent Company: | | | | | ABN / ACN (Australia Only): | |
| Street address: | Suburb/Town: | State: | Country: | Other state: | Other Country: | Postcode: |
| Postal address: | Suburb/Town: | State: | Country: | Other state: | Other Country: | Postcode: |
| Telephone Number (General): | | | No. of Employees: | | Annual Production: | |
| Organisation website:  www. | | | General Sales Enquiry Email: | | | |
| Provide a brief description of nature of organisation’s current business: | | | | | | |
| **1.2 Manufacturing Unit(s) and Branch(es) Office(s)**  Check Box applicable to Applicant Organisation: | | | | | | |
| All Products are manufactured by the Applicant Organisations own manufacturing facility(ies)  Provide details of location(s) of manufacturing site(s) and branch office(s):      All Products are Toll / Contract Manufactured at an existing RMU(s)  Provide details of applicable RMU(s) the Applicant Organisation holds contractual agreement(s) with:      Organisation products are split-produced: Specific products are manufactured by the Applicant Organisations own manufacturing   facility(ies) **and** specific products are Toll / Contract Manufactured at an existing RMU(s)  Provide details of location(s) of manufacturing site(s) and branch office(s):      Provide details of applicable RMU(s) the Applicant Organisation holds contractual agreement(s) with: | | | | | | |

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| **2. applicant CERTIFICATIONS or ACCREDITATIONS** | | | | | |
| **2.1 Certifications or Accreditations Held** | | | | | |
| Details of Quality Management System: | | 3rd Party Auditor: | | Cert. or Acc. Number: | Date of Last Audit: |
| Details of Technical Competence System: | | 3rd Party Auditor: | | Cert. or Acc. Number: | Date of Last Audit: |
| Details of OH&S Management System: | | 3rd Party Auditor: | | Cert. or Acc. Number: | Date of Last Audit: |
| Details of Environmental Management System: | | 3rd Party Auditor: | | Cert. or Acc. Number: | Date of Last Audit: |
| Details of any other Accreditations held: | | 3rd Party Auditor: | | Cert. or Acc. Number: | Date of Last Audit: |
| **3. applicant COMMERCIAL DETAILS – PRODUCT SOURCING & TARGET MARKET** | | | | | |
| **Product sourcing** - product for the above clients are sourced from:  Product made at the Applicant facility only.  Product made at a number of facilities. Provide details:  Other sourcing arrangements. Provide details:  **Target market** – APAS certification is being used to gain access to:  Australian government clients.  Non-Australian government clients. Provide details:  Other clients. Provide details: | | | | | |
| **4. APPLICANT apas SIGNATORIES**  (note: All individuals nominated by the apPlicant as an apas signatory must complete and return an APAs form  ap-d194 for assessment by apas) | | | | | |
| **4.1 APAS Signatory #1** | | | | | |
| Name: | | | Position: | | |
| Telephone (landline): | Telephone (mobile): | | Email: | | |
| **4.2 APAS Signatory #2** | | | | | |
| Name: | | | Position: | | |
| Telephone (landline): | Telephone (mobile): | | Email: | | |
| **4.3 APAS Signatory #3** | | | | | |
| Name: | | | Position: | | |
| Telephone (landline): | Telephone (mobile): | | Email: | | |
| **5. APPLICANT Key other contacts** | | | | | |
| **5.1 Senior Administration Executive** | | | | | |
| Name: | | | Position: | | |
| Telephone (landline): | Telephone (mobile): | | Email: | | |
| **5.2 Senior Technical Executive** | | | | | |
| Name: | | | Position: | | |
| Telephone (landline): | Telephone (mobile): | | Email: | | |
| **5.3 Person with responsibility for Quality Assurance** | | | | | |
| Name: | | | Position: | | |
| Telephone (landline): | Telephone (mobile): | | Email: | | |

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| **5. APPLICANT Key other contacts (cont.,)** | | |
| **5.4 Person with responsibility for Manufacturing Operations** | | |
| Name: | | Position: |
| Telephone (landline): | Telephone (mobile): | Email: |
| **5.5 Person to whom APAS invoices should be sent** | | |
| Name: | | Position: |
| Telephone (landline): | Telephone (mobile): | Email: |

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| **6. payment details** |
| Please note that payment of the application fee (refer to APAS document AP-D003) is required. The application fee will be invoiced after the CSIRO Verification Services Agreement has been signed and returned. |

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| **7. DECLARATION** | | | | | | |
| I hereby affirm that I have read the documents governing how APAS operates (refer to the APAS website: <https://vs.csiro.au/apas/documents/> ) and I confirm that our organisation will abide by these rules should we be accepted as an APAS participant.  I agree | | | | | | |
| Name: | | | | Title: | | Date: |
|  | | | |  | |  |
| **8. RETURN DETAILS** | | | | | | |
| **Email this completed form to the APAS Executive Officer:** [**trudy.lennon-bowers@csiro.au**](mailto:trudy.lennon-bowers@csiro.au) | | | | | | |
| **OFFICE USE ONLY** | | | | | | |
| *Project code*  **XA** | *VSA number* | | VSA sent to applicant | | VSA returned (signed) by applicant | |
| Updated: | | PRIMIS  AP-D152  Group email lists  Audit Schedule | | | | |