*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:      |
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| **8. RETURN DETAILS** |
| **Email this completed form to the APAS Executive Officer:** **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 |