*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. RESELLER 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 APAS Approved Recognised Manufacturing Unit (RMU) Organisation Details**  ***[Note: The Reseller holds a contract with the RMU for supply of relabelled / rebranded product]*** | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | |
| Provide details of location/s of manufacturing site(s) and branch office(s): | | | | | | | | | | | | | | | |
| **2. certifications or ACCREDITATIONS** | | | | | | | | | | | | | | | |
| **2.1 Certifications or Accreditations held by RESELLER** | | | | | | | | | | | | | | | |
| 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. RESELLER COMMERCIAL DETAILS – PRODUCT SOURCING & TARGET MARKET** | | | | | | | | | | | | | | | |
| **Product sourcing** - product for the above RMU are sourced from:  Product made at the primary RMU facility only.  Product made at a number of RMU 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. RESELLER Key apas contacts** | | | | | | | | | | | | | | | |
| **4.1 Key APAS contact (for Technical Matters)** | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | Position: | | | | | | |
| Telephone (landline): | | | Telephone (mobile): | | | | | | Email: | | | | | | |
| **4.2 Alternative key APAS contact (may be Non-Technical)** | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | Position: | | | | | | |
| Telephone (landline): | | | Telephone (mobile): | | | | | | Email: | | | | | | |
| **5. RESELLER Key other contacts AT SITE** | | | | | | | | | | | | | | | |
| **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: | | | | | | |
| **5.4 Person to whom APAS invoices should be sent** | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | Position: | | | | | | |
| Telephone (landline): | | | Telephone (mobile): | | | | | | Email: | | | | | | |
| **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. | | | | | | | | | | | | | | | |
| **7. DECLARATION BY RESELLER (APAS CONTACT)** | | | | | | | | | | | | | | | |
| 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 (Reseller).  I agree | | | | | | | | | | | | | | | |
| Name: | | | | | | Title: | | | | | | | | Date: | |

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| **8. DECLARATION BY RMU (APAS Signatory)** | | | | | | |
| I hereby confirm that:   * the above stated Reseller is authorised to relabel / rebrand Child Product(s) [from designated RMU Parent Product(s)], under contractual agreement with the RMU, and * the RMU will ensure that the Reseller has read the documents governing how APAS operates and will ensure that the Reseller will abide by these rules should they be accepted as an APAS participant, and * should any Parent Product(s) be discontinued by the RMU, any subsequent Child Product(s) will automatically be discontinued (unless otherwise arranged).   I agree | | | | | | |
| Name: | | | | Title: | | Date: |
|  | | | |  | |  |
| **9. 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 | | | | |