*Editorial Note: This version of the document has been updated for format, inclusion of Reseller name and relevance to all surface coating material types.*

**STATEMENT OF PRODUCT COMPOSITION (DETERMINED VIA MASS % RAW MATERIALS IN WET / BASE PRODUCT).**

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| --- | --- |
| **Purpose:** | 1. To ensure the integrity of the paint and surface coating materials are not compromised, and that both Parent and Child products meet accreditation requirements. |
|  |  |
| **Instructions:** | 1. Use one application form per product. |
|  | 1. Fill in the form by completing the highlighted sections, as applicable. |
|  | 1. Ensure that the product name that appears on this documentation (and PDS/TDS, SDS) 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. |
|  |  |
| ***NOTE: If there have been no significant formulation changes to the Parent Product (refer to APAS document   AP-D183 for further information) since its most recent certification / recertification, then* only *sections   A, C, D & E require completion.*** | |

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| **Section A: Background Information** |  |
| **Manufacturer** (including name, RMU No.(s) & location(s)  where manufacture occurs)**:** |  |
| **Parent Product Code & Description:** |  |
| **Parent Product APAS ID:** |  |
| The data describing this product is derived from revision  number (**Parent Product Revision No.**)**:** |  |
| **Reseller** (including name & location)**:** |  |
| **Reseller Product Name:** |  |
| **Reseller Product Code:** |  |
| **APAS Specification Number(s):** |  |

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| **Section B: Composition of the Product by Mass** |  |
| **NOTE:** Refer to the relevant APAS specification(s) the submission is being made against to confirm information as it pertains to product composition, testing specifications etc., - refer to <https://vs.csiro.au/apas/specifications/> | |

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| **Pigment description by CHEMISTRY type(s)** e.g., Titanium oxide | **Composition of wet / base Product by Mass (%)** | ***APAS USE ONLY*** Comparison against PARENT  AP-D139 formulation initially certified with date:  / / | | |
| Type (Y/N) | Composition  (±%) | Conf.1  (Y/N) |
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| **Binder solid(s) description by CHEMISTRY type(s)** e.g., Epoxy Resin |  |  | | |
|  |  |  |  |  |
|  |  |  |  |  |
| **Volatile(s) description by CHEMISTRY type(s)** e.g., Aromatic hydrocarbons |  |  | | |
|  |  |  | | |
| **Additive(s) description by FUNCTION** e.g., defoamer, surfactant |  |  | | |
|  |  |  | | |
| **Total (%):** |  | 1 Conforms to AP-D183 | | |

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| **Section C: Q.C. Parameters2** | | | |
|  |  |  |  |
| Density: |  | Kg/L |  |
| Viscosity: |  |  | (Indicate UoM) |
| Gloss: |  | units at |  | degrees |
| 2 Record minimum to maximum values | |  |  |

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| **Section D: Reseller Declaration** {to be completed by the APAS CONTACT of the Reseller [Child Product(s)]} | | |
| **I hereby certify that:** | | |
|  | The Child Product(s) has been filled and labelled on site at the RMU, or | |
|  | The Child Product(s) has been filled and labelled from bulk at the Reseller site | |
|  | | |
| Name of APAS CONTACT (Reseller): | |  |
| Signature (not required for electronic submission): | |  |
| Date: | |  |

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| **Section E: RMU Compliance and Declaration** {to be completed by an APAS SIGNATORY of the RMU [Parent Product(s)]} | | |
| **I hereby certify that:** | | |
|  | This is a genuine Child Product of the Parent Product stated in Section A | |
|  | The Child Product(s) has been filled and labelled on site at the RMU, or | |
|  | The Child Product(s) has been filled and labelled from bulk at the Reseller site, and | |
|  | There has been no significant changes to the Parent Product formulation since its most recent certification, and the formulation conforms with all the requirements of Clause 6 of APAS document AP-D192, and | |
|  | The information provided is true and correct to the best of my knowledge | |
|  | | |
| Name of APAS SIGNATORY (RMU): | |  |
| Signature (not required for electronic submission): | |  |
| Date: | |  |

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| **FOR APAS USE ONLY** | | |
| Determination: | APPROVED | NOT APPROVED |
| Approval Class: | CLASS I | CLASS II |
| If not approved, note reason(s): |  | |
| Name of APAS Officer: |  | |
| Signature: |  | |
| Date: |  | |
| APAS ID: |  | |