*Editorial Note This version of the document has been updated for format 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 (Manufacturer) and Child (Manufacturer &/or Reseller) products meet accreditation requirements.
 |
|  | 1. This form, to be completed by an **APAS SIGNATORY**, is used when submitting a product for APAS certification against a nominated specification(s). Retain a copy as a record.
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| **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.
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| **Section A: Background Information** |  |
| **Manufacturer** (including name, RMU No.(s) & location(s) where manufacture occurs)**:**  |       |
| **Product Name:**  |       |
| **Product Code:**  |       |
| The data describing this product is derived from revision number (**Parent Product Revision No.**)**:**  |       |
| **APAS Specification Number(s):**  |       |
| **APAS ID** (for resubmissions and/or Parent Products only)**:** |       |

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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) |
|       |       |  |  |  |
|       |       |  |  |  |
|       |       |  |  |  |
|       |       |  |  |  |
|       |       |  |  |  |
|       |       |  |  |  |
| **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: Physical Attributes** |
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| Density (Kg/L): |       | Actual determination using AS/NZS 1580.202.1 or AS/NZS 1580.202.2 (or other method specific to material type – state material type and standard used:       |
| Non-Volatile Content by Mass (%): |       | Actual determination using AS/NZS 1580.301.1 (or other method specific to material type – state material type and standard used:       |
| Non-Volatile Content by Volume (%): |       | Theoretical determination or actual determination using AS 1580.301.2 (or other method specific to material type – state material type and standard used:       |
| VOC Content (g/L): |       | Theoretical determination or actual determination in line with methods stated in APAS document AP-D181; state method used as defined in AP-D181:       |

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

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| **Section E: Declaration** (to be completed by an APAS SIGNATORY of the RMU) |
| **I hereby certify that:** |
|[ ]  This 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: |       |
| 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 (for new approvals): |  |