*Editorial Note: This version of the document has been updated to include glass particles throughout the application form in line with AP-S0042 V8.*

**STATEMENT OF PRODUCT COMPOSITION OF GLASS BEADS / GLASS PARTICLES USED IN AND/OR WITH PAVEMENT MARKING MATERIALS**

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| **Purpose:** | 1. This form, to be completed by an **APAS SIGNATORY** only, is to be used by the Client to provide formal verification that a glass bead / glass particle product submitted for APAS certification meets the requirements of the current version of APAS specification AP-S0042. Retain a copy of this form.
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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 etc.,) 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 Certified Products List.
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| **Section A: Background Information** |  |
| **Manufacturer** (including name & location where manufacture occurs)**:**  |       |
| **Importer / Local Agent / Client:**  |       |
| **Product Type** (state if glass beads or glass particles)**:**  |       |
| **Product Name:** |       |
| **Product Code:**  |       |
| The data describing this product is derived from revision number**:**  |       |
| **APAS Specification Number** (including applicable sub-class)**:**  |       |
| **APAS ID** (for resubmissions only)**:**  |       |

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| **Section B: Composition of the Product**  |  |
| **NOTE:** Refer to APAS specification AP-S0042 to confirm information as it pertains to product composition, testing specifications etc., - refer to <https://vs.csiro.au/apas/specifications/>  |

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| --- | --- |
| **Component description by CHEMISTRY type(s)**e.g., silicon dioxide, sodium carbonate  | **Composition Percentage (%)** |
|       |       |
|       |       |
|       |       |
|       |       |
| **Total (%):** |       |

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| **Section C: Declaration** (to be completed by an APAS SIGNATORY only) |
| **I hereby certify that 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): |  |