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| **Purpose:** | 1. To ensure the integrity of the paint or surface coating material is not compromised, and that both Parent (manufacturer) and Child (Manufacturer &/or Recognised Reseller) product meets certification requirements. |
| **Instructions:** | 1. Use one application form per product or component i.e., Part A or Part B. 2. Fill in the form by completing all sections. 3. Ensure that the product name appearing on this documentation (and the 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](https://vs.csiro.au/apas/list-of-certified-products/). |
| **NOTE: *If there has been significant formulation changes to the Parent Product (refer to APAS document AP-D183 for further   information) since its most recent certification/recertification, then APAS form AP-D139 shall be completed by the APAS   signatory of the RMU in conjunction with this document for each product or component or combination thereof.*** | |

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| SECTION A: Background information | |
| Manufacturer: (including name, RMU No.(s) & location(s) where manufacture occurs) | Click to enter manufacturer details |
| Parent product code: | Click to enter parent product code |
| Parent product name: | Click to enter parent product name |
| Parent product APAS ID: | Click to enter parent product APAS ID |
| Parent product revision no.: (data describing this product derived from design revision no.) | Click to enter parent product revision no. |
| APAS specification no.: (including sub-class, if applicable) | Click to enter APAS specification no. |
| Reseller: (including name and location) | Click to enter reseller details |
| Reseller product code: | Click to enter reseller product code |
| Reseller product name: | Click to enter reseller product name |
| Reseller product APAS ID: (for resubmissions only) | Click to enter APAS ID |

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| SECTION B: QC Parameters  NOTE: Record minimum to maximum values. | | | | |
| Density: | Click to enter density | **Kg/L** |  | |
| Viscosity: | Click to enter viscosity | Click to indicate Unit of measure |  |  |
| Gloss: | Click to enter gloss | **Units at** | Click to enter degrees | **degrees** |

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| SECTION C: Reseller Declaration  NOTE: To be completed by an APAS contact of the Reseller. | |
| I hereby declare that (check box, where applicable): | |
| The Child Product has been filled and labelled on site at the RMU, or | |
| The Child Product has been filled and labelled from bulk at the Reseller site. | |
| APAS contact name: | Click to enter APAS contact name |
| Signature (not required if submitted electronically): |  |
| Date: | Click to enter a date |

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| SECTION D: RMU compliance and declaration  NOTE: To be completed by an APAS signatory of the RMU. | |
| I hereby declare that (check box, where applicable): | |
| This is a genuine Child Product of the Parent Product stated in Section A. | |
| The Child Product has been filled and labelled on site at the RMU, or | |
| The Child Product has been filled and labelled from bulk at the Reseller site. | |
| 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 5 of APAS document AP-D192, or | |
| There has been a significant formulation change to the Parent product in line with APAS document AP-D183 and this AP-D140 form is   accompanied by a completed AP-D139 form for the Parent product. | |
| The information provided is true and correct to the best of my knowledge. | |
| APAS Signatory Name: | Click to enter APAS Signatory name |
| Signature: (not required if submitted electronically) |  |
| Date: | Click to enter a date |

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| FOR APAS USE ONLY: | |
| Determination: |  |
| Approval Class: |  |
| If not approved, state reason(s): |  |
| Name of APAS Officer: |  |
| Signature: (not required if submitted electronically) |  |
| Date: |  |
| APAS ID: (for new approvals) |  |