|  |  |  |
| --- | --- | --- |
| Organisation: | Click to enter organisation details | |
| Applicant name:  (including any salutation i.e., Dr, Ms, Mrs, Mr etc) | Click to enter name | |
| Applicant position title: | Click to enter position | |
| Applicant contact numbers: | Click to enter contact numbers | |
| Applicant contact email: | Click to enter email address | |
| Applicant LinkedIn profile:  (weblink) | Click to enter LinkedIn weblink | |
| Reason for application:  (check applicable box) | Initial signatory | Additional signatory |
| Replacement signatory | Signatory detail changes/update |
| Formal education:  (secondary &/or tertiary &/or post-tertiary education including year completed and qualification obtained) | Click to enter formal education details | |
| Paint, surface coating, waterproofing &/or other (please state) industry education &/or experience:  (noting year completed and qualification obtained) | Click to enter industry education &/or experience | |
| Practical experience relevant to becoming an APAS signatory:  (applicants shall be able to demonstrate competence in quality management systems and understand APAS procedures and requirements) | Click to enter practical experience | |
| Practical knowledge relevant to becoming an APAS signatory:  (check each box) | Confirm that you have reviewed and understood the contents and requirements of the following APAS documents:  AP-D001 Rules governing how APAS® operates  AP-D114 Rules governing APAS® recognition as a Testing Authority  AP-D123 Restrictions on ingredients in product formulations  AP-D174 APAS® RMU conformance requirements  AP-D177 Product manufacturer participation in APAS  AP-D178 Rules governing Proficiency Testing providers  AP-D181 Volatile Organic Compounds (VOC) limits  AP-D183 Guidelines for changes to formulation of approved products  AP-D192 APAS Product Certification  AP-D197 Rules governing the use of the APAS® certified trademark | |
| Applicant declaration:  *I confirm that the above details are correct, that I understand the functions of an APAS signatory, and that I am familiar with the requirements of APAS.* | **Name:** Click to enter name  **Date:** Click to enter a date | |
| Current APAS signatory declaration: (leave blank if applying as the Initial APAS signatory or updating current signatory details)  *I confirm that the Applicant is a candidate suitable to perform the functions required of an APAS Signatory on behalf of the organisation.* | **Name & position:** Click to enter name & position  **Date:** Click to enter a date | |

|  |  |
| --- | --- |
| FOR APAS USE ONLY: | |
| Determination: (Approved/Not Approved) |  |
| If not approved, state reason(s): |  |
| Name of APAS Officer: |  |
| Signature: (not required if submitted electronically) |  |
| Date: |  |
| Updated in: | PRIMIS  Email List |