**Statement of product composition: Glass beads or particles used in &/or with pavement marking materials**

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| **Purpose:** | 1. This form, to be completed by an APAS signatoryonly, is to be used by the Client to provide formal verification that a glass bead or particle product submitted for APAS certification meets the requirements of the current version of APAS specification AP-S0042.
2. Retain a copy of this form.
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| **Instructions:** | 1. Use one application form per product.
2. Fill in the form by completing the 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/).
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| SECTION A: Background information |
| Manufacturer: (including name and location where manufacture occurs) | Click to enter manufacturer details |
| Importer/local agent/client: | Click to enter importer/local agent/client details |
| Product type: (state if glass beads or glass particles) | Click to enter product type |
| Product code: | Click to enter product code |
| Product name: | Click to enter product name |
| Product revision no.: (data describing this product derived from design revision no.) | Click to enter revision no. |
| APAS specification no.: (including applicable sub-class) | Click to enter APAS specification no.  |
| APAS ID: (for resubmissions only) | Click to enter APAS ID |

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| SECTION B: Composition of the product NOTE: Refer to [APAS specification](https://vs.csiro.au/apas/specifications/) AP-S0042 for information pertaining to product composition, testing specifications etc; |
| Composition description (chemistry type)e.g., silicon dioxide, sodium carbonate | **Composition (%)** |
|
| Click to enter composition description | Click to enter % |
| Click to enter composition description | Click to enter % |
| Click to enter composition description | Click to enter % |
| Click to enter composition description | Click to enter % |
| TOTAL (%): | Click to enter % |

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| SECTION C: DeclarationNOTE: To be completed by an APAS signatory of the RMU |
| I hereby declare that: (check box) |
| [ ]  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: (Approved/Not Approved) |  |
| Approval Class: (CLASS I or CLASS II) |  |
| If not approved, state reason(s): |  |
| Name of APAS Officer: |  |
| Signature: (not required if submitted electronically) |  |
| Date: |  |
| APAS ID: (for new approvals) |  |