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**T2 Certification Application Form**

By the act of completing and submitting this Application Form to IAPMO Oceana, the Certificate Holder is undertaking to adhere to and comply with the “T2 Governance Rules”. Please read these Rules and the Terms and Conditions in this Application Form before you sign this form.

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| 1. **Information About Your Product** | | | | | | | | | | | | | |
| **Appliance Type** | |  | | | | | | | | | | | |
| If this application is one of a number relating to a single installation address, please indicate the total number of applications in this box and submit them together (each appliance requires a separate application form to be completed): | | | | | | | | | | | | |  |
| **Make/Model Number** | | | **Gas Type/s** | | **Description of appliance (include serial number)** | | | | | | | | |
|  | | |  | |  | | | | | | | | |
| Nominal Hourly Gas Consumption / Mid-fire (MJ/h): | | | | | | | | Hi setting (MJ/h): | | | Lo setting (MJ/h): | | |
| Burner Test Point Pressure (kPa): | | |  | | | Min supply pressure: | | | | Max supply (kPa): | | | |
| Appliance Regulator: | Make: | | | | Model: | | | | Australian approval number: | | | | |
| Gas Valve(s): | Make: | | | | Model: | | | | Australian approval number: | | | | |
| Burner Ignition System and Flame Failure Device Type (include description of operator): | | | | |  | | | | | | | | |
| Dataplate location:       (unit must carry identification by testing phase to match report) | | | | | | | | | | | | | |
| **Electrical Data**  (if applicable) | | Voltage (V): | | | | | Frequency (Hz): | | | | | Current (A): | |
|  | | Electrical Authority Certificate Number (if applicable): | | | | | | | | | | | |
| **Appliance manufacturer:** | | | | | | | | | | | | | |
| Other types of certification Does your product maintain any current Australian or overseas certification(s)? If so please identify the type of certification and certifying body.    ***Note*** *IAPMO Oceana may accept, at its discretion recognized local or overseas test report(s) as compliance with some relevant local Standards requirements, providing the assessments and report(s) are from an IAPMO Oceana recognised source and the report and certificate are in English.* | | | | | | | | | | | | | |
| **Technical documentation**  The following is a guide on the information normally reviewed in an application to enable efficient processing. Delays are normally a consequence of insufficient details provided.  (‘X’, as appropriate) | | | | Images  Technical details (product description, bill of materials, dimensions) | | | | | | | | | |
|  | | | | Valve train schematic with proposed settings of all adjustable devices | | | | | | | | | |
|  | | | | Installation instructions  Operating instructions  Servicing instructions  Basic Instructions in English **must be attached**, otherwise application is rejected. | | | | | | | | | |
|  | | | | Drawings (assembly & discrete components)  Electrical circuit diagram (if applicable) | | | | | | | | | |

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| Installation location details Occupant (Business/Individual Name):  Name and address of installation:  On-site contact name:       Tel. No:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Are any surrounding surfaces combustible?** | | | Yes  No  If yes; specify which surface(s) by marking “C” next to clearance: | | | |  | Overhead clearance (to grease filter): | mm | |  | |  | Rear clearance to back wall: | mm | |  | |  | Side clearances to walls/appliances: | mm | |  | |  | Floor: | mm | |  |   (Whether appliance is fixed or mobile **PLEASE SPECIFY MINIMUM CLEARANCES** for testing) |

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| 1. **Certificate Holder Details** | | | |
| Details of registered company / legal entity applying for certification. | **Company Name** | | |
| **ABN (Australian Company Only)** | **Relationship to manufacturer, where different** | |
| **Street** | | |
| **Suburb** | **City** | |
| **State** | **Country** | **Postcode** |
| Contact Details | **Name** | **Company Position of the applicant** | |
| **Phone No.** | **Fax No.** | |
| **E-mail address** | | |
| **MAILING ADDRESS**  For correspondence relating to this T2 application.  **AS ABOVE** | **Street** | | |
| **Suburb** | **City** | |
| **State** | **Country** | **Postcode** |
| **INVOICING DETAILS**  For correspondence relating to invoicing.  **AS ABOVE** | **Name** | **Company Position of the applicant** | |
| **Street** | | |
| **Suburb** | **City** | |
| **State** | **Country** | **Postcode** |
| **Phone No.** | **Fax No.** | |
| **E-mail address** | | |

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| 1. **Nominated Application Contact** | | |
| ***Note:***  *Where not the Certificate Holder* | | |
| Individual representing the certificate holder and being the prime contact for matters pertaining to this application.  **AS ABOVE** | **Company Name** | **Contact Name** |
| **Phone No.** | **Fax No.** |
| **E-mail address** | |

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| 1. **Licensed Installer Details** | | | |
| Details of the licensed installer/plumber (if known).  Please check the box below to request IAPMO Oceana to organize an Authorized Inspector/  **PLEASE ARRANGE AUTHORIZED INSTALLER** | **Name (and Company name)** | | |
| **ABN (Australian Company Only)** | | |
| **Street** | | |
| **Suburb** | **City** | |
| **State** | **Country** | **Postcode** |

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| 1. **Upgrade of previously approved product  YES  NO** | | |
| **If refurbishing a previously approved commercial catering appliance, please attach a list of all modifications and any relevant images.** | **Previous/Current Certificate Details:**  Certificate Number: | **Issued by:** |
| ***Note*** *Please provide any evidence; certificate, original or certified copies of laboratory Type Test reports, product specifications (including drawings) and instructions, a copy of the last annual product audit report and any other product related technical information, with this application form.* | | |

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| 1. **Fees and Payment Method** | | | |
| ***Note Your T2 Application will not be processed until the application fee has been paid.*** | | | |
| **6.1 Invoice**  **Do you require a Proforma Invoice prior to payment of application fee:**  YES  NO | | | |
| **6.2 Payment Method** | | | |
| **Cheque** | Please make cheques payable to IAPMO R&T Oceana Pty Ltd | | |
| A cheque for AUD$  is attached with this application | Cheque No.: | Date: |
| **Credit Card** | Please indicate type:Visa Master | Authorised Amount: AUD$ | |
| Card No: | Expiry Date: | |
| Card Holders Name:    **(Please print)** | **Signature (if applicable)** | |
| **⁬** **Electronic Banking Payment** | Amount Deposited: AUD$        Bank Address Bendigo Bank Limited  900 Doncaster Road  DONCASTER EAST, VIC 3109 AUSTRALIA  Account Name IAPMO R&T Oceana Pty Ltd  BSB Number 633-000  Account Number 129 078 994  Swift Code BENDAU3B | | |
| **If payment is being made by electronic transfer, please ensure the Remittance Advice includes details of payment i.e. Company Name, Application No., Date of transaction.** | | |

**Confidentiality**

IAPMO Oceana respects its client’s privacy and in processing your application, the personal information we collect relating to you and your organisation is for the purpose of providing you and your organization with a high level of customer service. The collected information shall be kept confidential other than that information you have consented to be released; information which is in the public domain or requested by the Courts, Tribunals, Police, Regulatory Authorities and Government bodies having interest in public safety.

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| 1. **Terms And Conditions** |
| 1. The signatory warrants the information contained in the application is true and correct and that they are authorised to sign this application on behalf of the applicant to apply for IAPMO Oceana ‘T2’ certification. 2. The signatory affirms they and the applicant have read, and agrees to abide by the IAPMO Oceana *“T2 Governance Rules”* –available from our web site [www.iapmooceana.org](http://www.iapmooceana.org) or upon request. 3. The applicant agrees that: 4. A Certificate shall only apply to the particular appliance specifically described at the installation stated herein, to which the IAPMO Oceana badge carrying the Compliance number is permanently affixed. 5. A Certificate shall only be valid for the one location, the one type of gas it was tested on, the design, installation and operation in accordance to the documentation and instructions on file. 6. IAPMO Oceana reserves the right to cancel a Certificate if the information submitted is found to differ from the actual installed appliance. 7. The Applicant releases IAPMO Oceana personnel and Authorized Inspectors from, and agrees to indemnify and keep indemnified each, against all actions, claims, suits, demands, costs and expenses in any way arising out of or in conjunction with the operation of the ‘T2 Certification’. 8. The applicant accepts the certification is not a guarantee of product safety; where the certification is based on a selection of essential safety requirements accepted by the Regulatory Authority of the State/Territory of the installation. 9. This application is valid for a period of 12 months from the aforementioned application date, after which the application may be terminated by IAPMO Oceana where there has been no active progress. 10. The application and certification fees are non-refundable. 11. Where additional time is required for an inspection visit; or an additional inspection visit is required to verify the implementation of corrective actions resulting from “Action Items” raised at a previous visit; IAPMO Oceana may invoice the applicant/certificate holder for the inspector’s time and any other expenses. |

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| **Note: The following signatory must be a duly authorized representative and from the organization named as the ‘Certificate Holder’** | | | | | |
| **Signature of applicant** | Full Name of signatory (Please print) | | | | Position |
| Company Name | | | | | Date |
| Please return completed and **SIGNED** application form together with supporting product documentation to: | | **quotes@iapmooceana.org** | **OR** | **Anson Du**  **Team Leader, Product Certification Services**  **1040 Dandenong Road**  **Carnegie VIC 3163 AUSTRALIA** | |