



T2 Certification Application Form

By the act of completing and submitting this Application Form to IAPMO Oceania, 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.

1. Information About Your Product			
Appliance Type	Please Select One		
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.			
<i>Note IAPMO Oceania 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 Oceania recognised source and the report and certificate are in English.</i>			
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)	<input type="checkbox"/> Images <input type="checkbox"/> Technical details (product description, bill of materials, dimensions)		
	<input type="checkbox"/> Valve train schematic with proposed settings of all adjustable devices		
	<input type="checkbox"/> Installation instructions <input type="checkbox"/> Operating instructions <input type="checkbox"/> Servicing instructions Basic Instructions in English must be attached , otherwise application is rejected.		
	<input type="checkbox"/> Drawings (assembly & discrete components) <input type="checkbox"/> Electrical circuit diagram (if applicable)		

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	<input type="text"/>
Rear clearance to back wall:	mm	<input type="text"/>
Side clearances to walls/appliances:	mm	<input type="text"/>
Floor:	mm	<input type="text"/>

(Whether appliance is fixed or mobile **PLEASE SPECIFY MINIMUM CLEARANCES** for testing)**2. Certificate Holder Details**

Details of registered company / legal entity applying for certification.	Company Name		
	ABN (Australian Company Only)	Relationship to manufacturer, where different Please Select One	
	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. <input type="checkbox"/> AS ABOVE	Street		
	Suburb	City	
	State	Country	Postcode
INVOICING DETAILS For correspondence relating to invoicing. <input type="checkbox"/> AS ABOVE	Name	Company Position of the applicant	
	Street		
	Suburb	City	
	State	Country	Postcode
	Phone No.	Fax No.	
	E-mail address		

3. 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. <input type="checkbox"/> AS ABOVE	Company Name	Contact Name
	Phone No.	Fax No.
	E-mail address	

4. Licensed Installer Details			
Details of the licensed installer/plumber (if known).	Name (and Company name)		
	ABN (Australian Company Only)		
	Street		
	Suburb	City	
	State	Country	Postcode

5. Upgrade of previously approved product <input type="checkbox"/> YES <input type="checkbox"/> NO		
If refurbishing a previously approved commercial catering appliance, please <u>attach a list of all modifications and any relevant images.</u>	Previous/Current Certificate Details: Certificate Number:	Issued by:
<i>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.</i>		

6. Fees and Payment Method		
<i>Note Your T2 Application <u>will not</u> be processed until the application fee has been paid.</i>		
6.1 Invoice		
Do you require a Proforma Invoice prior to payment of application fee:		<input type="checkbox"/> YES <input type="checkbox"/> NO
6.2 Payment Method		
<input type="checkbox"/> Credit Card	Please indicate type: <input type="checkbox"/> Visa <input type="checkbox"/> Master	Authorised Amount: AUD\$
	Card No:	Expiry Date:
	Card Holders Name: (Please print)	Signature (if applicable)
<input type="checkbox"/> Electronic Banking Payment	Amount Deposited: AUD\$	
	Bank Address Bendigo Bank Limited Shop 6, 52-62 Old Princes Highway Beaconsfield, VIC 3807 AUSTRALIA	
	Account Name IAPMO Oceania 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 Oceania 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.

7. 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 Oceania 'T2' certification.
2. The signatory affirms they and the applicant have read, and agrees to abide by the IAPMO Oceania "T2 Governance Rules" – available from our web site www.iapmooceania.org or upon request.
3. The applicant agrees that:
 - (a) A Certificate shall only apply to the particular appliance specifically described at the installation stated herein, to which the IAPMO Oceania badge carrying the Compliance number is permanently affixed.
 - (b) 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.
 - (c) IAPMO Oceania reserves the right to cancel a Certificate if the information submitted is found to differ from the actual installed appliance.
 - (d) The Applicant releases IAPMO Oceania 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'.
4. 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.
5. This application is valid for a period of 12 months from the aforementioned application date, after which the application may be terminated by IAPMO Oceania where there has been no active progress.
6. The application and certification fees are non-refundable.
7. 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 Oceania may invoice the applicant/certificate holder for the inspector's time and any other expenses.
8. Where a client fails to pay an amount payable by it to IAPMO Oceania by the due date for payment, a late payment fee based on an interest rate of 10% per annum, calculated daily from the next day after the due date up to and including the date of payment, may be imposed.

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@iapmooceania.org OR Anson Du Manager, Gas Certification Services 7-11 Fullard Road Narre Warren VIC 3805 AUSTRALIA	