

ASSURE SAFETY NZ

APPLICATION FOR COMPLIANCE CERTIFICATE - CYLINDER IMPORTATION

PART A CONTACT INFORMATION

Fill in your details below

| | |
|---|--|
| Legal Entity Name | |
| Trading as Name | |
| Site / Location Address | |
| Postal Address | |
| Business Phone Number | |
| Business Email Address | |
| Business Website | |
| NZBN | |
| Description of Business Type / Industry | |
| Manager Name | |
| Direct Dial Number and/or Mobile Number | |

PART B: CYLINDER/S INFORMATION

Fill in the information below or attach documentation with the details requested in the table (e.g manufacturer's certification or product certification). Ensure such documentation will provide the details requested.

| | | |
|--|--|--|
| Batch/Serial Number: | | |
| Country of Manufacture: | | |
| Number of Cylinders: | | |
| Water Capacity: | | |
| Design Standard/s: | | |
| Gas Traffic: (Media Contained in the cylinder) | | |
| Periodic Test Pressure: | | |
| Working Pressure: | | |
| Gross Mass | | |
| FERN | | |

List all documents attached for this section below

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PART C: SUPPORTING EVIDENCE

You may provide visual evidence showing specifications of the product, this can be but is not limited to product brochures, photographic evidence, or video graphic evidence of the cylinders to be imported.

Part E – Declaration

PCBU/MANAGER/OFFICER

I _____ declare that to the best of my knowledge the particulars contained in this application are true and correct and are without error. I will ensure the Inspector will be shown all information onsite for them to make a true and correct compliance assessment.

Signed: _____ Date: