

# APPLICATION FORM FOR PRODUCT CERTIFICATION

### Part 1: A. Applicant Details

Company Name:		
Address:		
Contact Person:	Designation:	
Tel:	Fax:	
Email:	Website:	
Is your company certified by any Certification body? If Yes, please give the details:	<u>Yes</u>	<u>No</u>
B. MANUFACTURER (to be filled-in if different from Se	ection A)	
Company Name:		
Address:		
Contact Person:	Designation:	
Tel:	Fax:	
Email:	Website:	
Is your company certified by any Certification body? If Yes, please give the details:	<u>Yes</u>	<u>No</u>
C. PRODUCT CERTIFICATION SCHEME	☐ Class 1 ☐ Class B	☐ Class 2

- a. Class 1 (also refers to ISO Type 5 Certification System) consists of Type test of a sample representative of production, inspection/routine inspection of production control and quality management system and samples of the product.
- b. Class B (also refers to ISO Type 7 Certification System) consists of type test of a product representative of production and subsequent batch inspection.
- c. Class 2 (also refers to ISO Type 2 Certification System) consists of type test and market surveillance.



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#### D. PRODUCT DETAILS

Product:		
Brand / Model:		
Country of Origin:		
Product Detail:		
Standard:		
Test/Assessment Report		
Please use extra paper if not su	sufficient.	
If the test report from the macertification, please provide	nanufacturer has been used already by SETSCO Certification Body on any produce the details;	uct
Test Report:	Certificate Number:	_
E. SUPPORTING DOCUME	<u>ENTS</u>	
Please ensure that the follow	owing documents are submitted together with the application form where approp	riate:
	by of test / assessment report(s) bearing recognized accreditation logo with certifort issued more than 5 years ago, a verification test may be required.)	ication
☐ Product specific	ication. (Eg. Component list, material list, drawing and product sample)	
☐ Original or co <sub>l</sub> (ACRA)	opy of latest information from the Accounting and Corporate Regulatory Ac	uthority
	ertified true copy of authorization letter from manufacturer if applicant is r firming that applicant is authorized to deal in the product.	not the
	tified true copy of the authorization letter from the owner of test report (if the ap of test report) confirming that the applicant is authorized to use the test rep	

#### Part 2. APPLICATION FEE

- 1. The application fee is only valid for 1 year from acceptance of this form. If an applicant is not able to obtain certification within 1 year from the date of application, a new application form and fee have to be submitted.
- 2. Refer to Fee Schedule for the specific type of fee amount.
- 3. Cheque(s) shall be crossed and made payable to SETSCO Services Pte Ltd.
- 4. Please forward the completed application form and cheque to:

Attn: SETSCO Certification Body SETSCO Services Pte Ltd 18 Teban Gardens Crescent Singapore 608925

#### Part 3. CONTRACT AGREEMENT

APPLICANTS agreed to:

- 1. Comply with the requirements for certification and to supply any information as needed for assessment of our (applicant) operation and/or product to be certified.
- 2. Make all necessary arrangements for the conduct of the assessment, including provision for examining documentation and access to all areas, records and personnel for the purpose of assessment.
- 3. Make claims regarding certification only in respect of the scope for which certification has been granted.
- 4. Not use its product certification only in respect of the scope for which certification body into disrespect and does not make any statement regarding its product certification which the certification body may consider misleading or unauthorized.
- 5. Discontinue the use of all advertising matter upon suspension or termination of certification and shall return any certification documents as required by SETSCO.
- 6. Use certification only to indicate that products are certified as being in conformity with specified standards.
- 7. Ensure that no certificate or report nor any part thereof is used in a misleading manner.
- 8. Making reference to its product certification in communication media such as documents, brochures or advertisement that comply with the requirements of SETSCO.



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#### Part 4. INFORMATION (SURVEILLANCE TEST REQUIRED FOR LABELS ISSUED)

Product	Work Instruction Reference	No. of Labels Issued
Household Shelter Door	FSP-WI-01	1 000
Storey Shelter	FSP-WI-01	1 000
Fire Extinguisher	FSP-WI-02	10 000
Landing Valve	FSP-WI-03	4 000
Fire Fighting Hose	FSP-WI-04	2 000
Fire Hose Reel	FSP-WI-05	4 000
Breeching Inlet	FSP-WI-06	2 000
Wet Chemical Suppression For Kitchen Hood	FSP-WI-07	200
Fire Pump	FSP-WI-08	200

#### Part 5. DECLARATION

- 1. The organization named above applies for certification for the scope(s) set out in this application. I declare that the information on this form and any information given in support of this application are correct and accurate to the best of my knowledge.
  - Moreover, I acknowledge that the *information* declared herein shall only be valid within one **(1) month** from CB's acceptance date. If for any reason, an assessment has not been confirmed within the said period, it will be my responsibility to update the CB of my organization's information by resending a new application form.
- 2. I have read the SETSCO Certification Body S-01 Terms and Conditions, criteria and/or applicable standards, and undertake that the organization will comply with these requirements if this application is accepted.
- 3. I undertake that the organization will pay all fees due to SETSCO, whether or not certification is granted.
- 4. We declare that we do not engage any consultancy from SETSCO on the product intended for this application.

Authorized Signature:	Name:
	Designation:
Company Stamp/Logo:	_Date:
<b>1</b>	
art 6. SUBMISSION REVIEW : For SETSCO Certifica	ation Body use ONLY:
art 6. SUBMISSION REVIEW : For SETSCO Certifications Supporting Documents Reviewed by Product	Inspector:
Supporting Documents Reviewed by Product	Inspector: Name/Sign/Date
	Inspector:Name/Sign/Date
Supporting Documents Reviewed by Product  Approved by Program Manager:	Inspector:Name/Sign/Date
Approved by Program Manager :Name/Sig	Inspector:Name/Sign/Date