

Application to be recognised as an inspection agency

For the purposes of Regulations 15.15, 15.16, 15.37, 15.40 or 15.80 of the Health and Safety at Work (Hazardous Substances) Regulations 2017

Email: hsapplications@worksafe.govt.nz **Post:** WorkSafe New Zealand, Certifications, Approvals and Registrations, PO Box 165, Wellington 6140

1. Applicant details

Full legal name:

Trading name: (if different from above)

Contact person

Name:

Work phone:

Mobile phone:

Email:

Applicant's physical address:

Applicant's postal address: Same as above

2. Application details

1. Are you recognised by a regulatory body from the UK, USA or Australia? Yes No

If yes please provide a copy of the following for our records:

- certification or approval from regulatory body
- any quality certification
- quality manual.

2. Is the company accredited by an internationally recognised accreditation agency? Yes No

If so please provide details of:

- certification
- any quality certification
- quality manual.

3. Please provide details of the company's experience with cylinders/ fittings and the manufacturing process for cylinders/fittings.

4. Are there any other matters which should be considered as part of this application?

I certify that:

- I have the authority to make this application
- To the best of my knowledge, this application is complete and correct

Signature:

Print name:

Capacity in which signed:

Date: DD / MM / YEAR