

Application for the approval of a type of respiratory protective device

In terms of the Compulsory Specification for respiratory protective devices as published by Government Notice No. R. 407 (Government Gazette No. 34272) of 13 May 2011.

NRCS use only

Technical file No.: _____ Customer No.: _____

NOTE: This form shall be completed in full for each type of respiratory protective device (RPD).

Part A: Applicant's details		
Applicant's name:		
Applicant's company registration No.:		
Contact person:	Position in company:	
Tel.:	Fax:	E-mail:

Part B: Importer's details
Importer's name:
SARS Importers Code:
Postal address:
Physical address:

Part C: Manufacturer's details
Manufacturer's name:
Postal address:
Physical address:

Part D: Type-identifying information
Manufacturer's name or trade mark that appears on the type of RPD:
Type-identifying name or number that appears on the type of RPD:
South African National Standard applicable to the type of RPD:
Description:
Classification:
Options and/or size range:

Part E: Management declaration		
I hereby certify for and on behalf of the applicant that the information as contained in this application and accompanying product technical file is complete and correct in all respects, and is representative of the type of RPD submitted for approval.		
Signature:	Name:	
Position in company:		Date: