

Application to introduce a new product to council

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ABN: 92 967 232 136

Disclaimer: Approval of any product for addition to the Product Approval List does not constitute any form of MBRC endorsement or product guarantee for the performance of the product

Note: Please email the completed form to: Product.Approval@moretonbay.qld.gov.au

Product information details:

Please Note: Complete a separate application form for individual products not manufactured under a product line or range.

Please (Insert 'N/A' if not applicable):

Is this a product range/line? ☐ Yes ☐ No

If yes, list the product range or line:

Product Name:

Product Function:

Design Life (state design life in years):

Do you have certification for the design life? ☐ Yes ☐ No

Do you have approved RPEQ design drawings? ☐ Yes ☐ No

Is a Form 15 Compliance Certificate Required? ☐ Yes ☐ No

Manufacturer's Name:

Number of years operating manufacturing business:

Product Warranty Expiry Period (state the number of months):

Parts Supplier (state whether local or overseas):

Installation Details (state if specialised installation is required):

Installation Warranty Period (state the number of months):

Installation Conditions (special conditions e.g. high humidity, acidic conditions etc.):

Is a Form 16 Inspection Certificate Required? ☐ Yes ☐ No

List names of councils or other entities that have approved this product:

<i>Please tick box 'N/A' if not applicable)</i>		<input type="checkbox"/> N/A
List of names of councils or entities	Name of contact person and phone number	

Note: Please attach relevant documents used to approve this product within Relevant Approval Documents section (page of this form)

Product Approved for use in (please tick box as applicable):

Marine Parks	<input type="checkbox"/>
Fisheries	<input type="checkbox"/>
Waters Ways	<input type="checkbox"/>
Other (please specify):	

Disposal Conditions (special requirements e.g. for packaging, transportation etc.):

Estimated Disposal Cost (AUD excl. GST): \$

Life Cycle Cost (AUD excl. GST): \$

Price per Unit (For individual product only): \$

Price per Unit (For product range or line please attach price list below): \$

Attach product range price list here:

Supplier details:

Date:

Supplier Name:

Supplier Address:

Supplier Postal Address:

Business Email:

Business Telephone:

Contact Name:

Contact Email:

Contact Mobile:

Number of years operating business:

Note: Contact details which you provide may be used to update Council's records.

Conformance to standards:

- (i) Does the product conform to a recognised standard? ☐ Yes ☐ No - If No, go straight to section **Supporting documents**.
- (ii) Select the relevant standard by ticking the applicable box below:

(a) Australian / New Zealand Standard	<input type="checkbox"/> List the standard(s) in the spaces provided below: e.g. AS / NZ xxx or AS xxx or NZ xxx
(b) International Standard	<input type="checkbox"/> List the standard(s) in the spaces provided below: e.g. ISO xxx
(c) State Government Standard	<input type="checkbox"/> List the standard(s) in the spaces provided below: e.g. DTMR, RMS
(d) Industry Standard	<input type="checkbox"/> List the standard(s) in the spaces provided below: e.g. IPWEA, WSAA, IEE, NATA
(e) Other Standard(s)	<input type="checkbox"/> List the standard(s) in the spaces provided below:

Supporting documents:

Please attach any of the following document(s) if available:

- ☐ Design Specifications
- ☐ Original Equipment Manufacturer (OEM)
- ☐ Installation, Operation and Maintenance Manual
- ☐ Warranty Information Document
- ☐ Relevant Approval Documents (from other Council or Entities):
- ☐ Materials Safety Data Sheet (MSDS):
- ☐ Other:

Product performance:

Please attach certification for acceptance or qualification testing of the product, to demonstrate its reliability requirements **OR** provide a trial testing period:

(i) Product Certification Testing. Please attach certification for testing in the space below:

Certification:

(ii) Product Trial Testing Period (*state the number of weeks*):

Additional information:

Applicant's agent statement:

..... (Full name)

Nominated Contact Name:

Contact details:

Signature:

Date:

Privacy statement

Moreton Bay Regional Council is collecting your personal information for the purpose of assessing your application for a new product. The collection of this information is authorised under the Planning Act 2016 (Qld). Your information will not be given to any other person or agency unless required by law.

The unit price indicated in this form is at the time of application and may change at the time the product is purchased.