## Application to introduce a new product to Council



**Postal Address** PO Box 159 Caboolture QLD 4510 **Projects & Asset Services** 

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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 Council endorsement or p

product guarantee for the perforn  Note: Please email the completed		•	moretonb	ay.qld.gov.au	
Product information detain Please Note: Complete a separate (Insert 'N/A' if not applicable):		ion form for individ	lual produ	ucts not manufactured (	under a product line or range. <i>Please</i>
ls this a product range/line?	Yes	No			
f yes, list the product range or lir					
Product Name:		L			
Product Function:					
Design Life (state design life in ye	ears):				
Do you have certification for the design life			Yes	No	
Do you have approved RPEQ design drawings?			Yes	No	
ls a Form 15 Compliance Certificate Required?			Yes	No	
Manufacturer's name and ocation (state whether local or overseas):					
Number of years operating manu	facturing b	usiness:			
Product Warranty Expiry Period (	state the n	umber of months):			
Spare Parts Supplier/s or repair agency and location (state wheth local or overseas):	ner				
nstallation Details (state if specia	alised insta	lation is required)			
nstallation Warranty Period (stat	te the numb	per of months):			
nstallation Conditions, Limitation	s or Const	raints ( <i>special cond</i>	ditions e.	g. high humidity, acidic	conditions etc.):
s a Form 16 Inspection Certificat	te Required	1?	Yes	No	
List names of other councils or e	ntities that	have approved this	s product	:	
Please tick box ' <b>N/A'</b> if not applic	able)	N/A			
List of names of councils or entities	N	lame of contact p	erson ar	nd phone number	
					<u></u>
Product Approved for use in the f		vironments ( <i>pleas</i>	e tick bo		al Documents section (page of this form)
Marine Parks		Fishe	eries		Waterways
Other (please specify):					

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Supporting docum	nents:															
Please attach any of the Design Specifica	ne following document(s) if available: tions															
Original Equipment Manufacturer ( <i>OEM</i> )																
Installation, Operation and Maintenance Manual\ Warranty Information Document Relevant Approval Documents (from other Council or Entities): Materials Safety Data Sheet (MSDS):																
								Other:								
								Product performa	ance:							
								<u>-</u>	tion for acceptance or qualification testin	g of the product, to	o demonstrate its reliability requirements <b>OR</b>					
i) Product Certification Testing. Please attach certification for testing in the space below:																
Certification:																
(ii) Product Trial Testi	ng Period (state the number of weeks):															
Additional inform	ation:															
Applicant's agent	statement:															
Full name																
Nominated Contact Name:		Contact details:														
Signature:		Date:														
			g your application for a new product. The collection of this liven 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.

