

File Reference: _____ (To be completed by the Labour Department)

To: The Commissioner for Labour (via fax: 2940 6251 / email: ssd-oshtc-accred@labour.gov.hk)

Application Form

for Submission of Cartridge-operated Fixing Tool for Approval under the Factories and Industrial and Undertakings (Cartridge-operated Fixing Tools) Regulations, Cap. 59R

Please refer to the “Information Sheet for Submission of Cartridge-operated Fixing Tool for Approval under the Factories and Industrial Undertakings (Cartridge-operated Fixing Tools) Regulations, Cap. 59R” (IS-COFT) at Appendix before completing this application form (AF-COFT]. Please only apply for approval of **ONE** cartridge-operated fixing tool model in each application form. The completed “Application Form” and associated documents should be submitted or mailed to:

Occupational Safety and Health Training Centre, Labour Department
13/F., KOLOUR • Tsuen Wan I, 68 Chung On Street, Tsuen Wan, N.T.
or emailed to : ssd-oshtc-accred@labour.gov.hk

Name and Address of Manufacturer: _____

Name and Address of Authorised Local Agent: _____

Contact of Applicant

Name of Authorised Representative: _____ (Position: _____)

Tel.: _____ Fax: _____ Email: _____

Name of Technical Staff Member¹: _____ (Position: _____)

Tel.: _____ Fax: _____ Email: _____

<p>Signature: _____</p> <p>Full Name of Authorised Representative : _____</p> <p>Date of Application: _____</p>	<p>_____</p> <p>Company Chop of the Applicant (with company name clearly shown)</p>
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¹ If Technical Staff Member is also the Authorised Representative of this application, please fill in “as above”.

P.T.O.

Applicants and their employees, agents and contractors must not offer an advantage as defined in the Prevention of Bribery Ordinance, Cap. 201 to any government officer in connection with their applications or while having dealings of any kind with government departments.

1. Unique Identification of the Cartridge-operated Fixing Tool (COFT):	COFT Trade Name : _____ COFT Model Number(s): _____ Others, please specify: _____
<i>Document submitted to the Labour Department</i>	
2. Authorisation Letter to Appoint Authorised Local Agent:	Yes / No*
3. Business Registration Certificate of Manufacturer / Authorised Local Agent*:	➤ Certificate No.: _____ Yes / No*
4. COFT Information:	➤ COFT's specification Yes / No* ➤ Performance data sheet Yes / No* ➤ Operation and maintenance manual Yes / No* ➤ Assembly manual Yes / No* ➤ Catalogue Yes / No* ➤ User instructions Yes / No* ➤ Others, please specify: _____ Yes / No*
5. Quality Assurance Documents of Manufacturing (e.g. ISO 9001):	Please specify: _____ Yes / No*
6. Examination Certificate / Report / Declaration of the COFT:	➤ EC-Type Examination Certificate Yes / No* ➤ EU-Type Examination Certificate Yes / No* ➤ EU Declaration of Conformity Yes / No* ➤ Certificate of Approval issued by NIOSH Yes / No* ➤ Test Report issued by an accredited testing body, where appropriate Yes / No* ➤ Others, please specify: _____ Yes / No*
7. Training Course for COFT Operators:	➤ Course design and administrative procedures Yes / No* ➤ Information of the training venue and training equipment Yes / No* ➤ Qualification of trainers Yes / No* ➤ Examination arrangements (written and practical) Yes / No* ➤ Sample of competency certificate Yes / No*

(* Delete as appropriate)

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