File Reference:	(To be comp	oleted by the	Labour Department
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Application Form

Application for Approval of Protective Helmet under the Factories and Industrial Undertakings (Blasting by Abrasives) Special Regulations, Cap. 59C

Please refer to the "Information Sheet – Application for Approval of Protective Helmet under the Factories and Industrial Undertakings (Blasting by Abrasives) Special Regulations, Cap. 59C" (IS-HELMET) before completing this "Application Form" (AF-HELMET). The completed Application Form and Associated Documents should be submitted or mailed to:

Operations Division (Headquarters)
Occupational Safety – Operations
Occupational Safety and Health Branch, Labour Department 13/F., Harbour Building, 38 Pier Road, Central, Hong Kong

Contact of Applicant			
Name of Industrial Undertaking:			
Address:			
Name of Authorised Representative:	(Position:)		
Tel.: Fax:	Email:		
1. Business Registration Number of the Applicant:	Copy of business registration certificate provided:		
Signature: Full Name of Authorised Representative			
Date of Application:		Company Chop of the Applicant (with company name clearly shown)	

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.

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Details of the Protective Helmet				
Name and Address of Manufacturer:				
Name and Address of Authorised Local Agent (if applicable):				
2. Unique Identification of the Product:	Product Trade Name :			
	Product Model Number(s):			
	Others, please specify:			
	Documenta	tion provided		
3. Product Information:	 Manufacturer's specification Performance data sheet Operation and maintenance manual Assembly manual Catalogue User instructions Others, please specify: 			
4. Quality Assurance Documents of	Please specify:			
Manufacturing (e.g. ISO 9001): 5. Certificate / Report / Declaration of the Product:	 EC-Type Examination Certificate EU-Type Examination Certificate EU Declaration of Conformity Certificate of Approval issued by NIOSH Test Report issued by an accredited testing body, where appropriate Others, please specify: 			

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

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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.

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