

Application for the approval of a type of safety footwear

In terms of the Compulsory Specification for personal protective equipment – safety footwear as published by Government Notice No. R. 534 (Government Gazette No. 34395) of 1 July 2011.

NRCS use only

Technical file No.:

Customer No.:

NOTE: This form shall be completed in full for each type of safety footwear.

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

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

| Part C: Manufacturer's details | | |
|--------------------------------|--|--|
| Manufacturer's name: | | |
| Postal address: | | |
| Physical production address: | | |

| Part D: Type-identifying information | | | | | | | | | | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------|--|--|--|--|--|--|--|--|--|
| Manufacturer's identification mark that appears on the type of safety footwear: | | | | | | | | | | | |
| Manufacturer's type designation that appears on the type of safety footwear: | | | | | | | | | | | |
| Code designation | Classification | Mark relevant class | | | | | | | | | |
| I | Footwear made from leather and other materials, excluding all-rubber or all-polymeric footwear. | | | | | | | | | | |
| II | All-rubber (i.e. entirely vulcanized) or all-polymeric (i.e. entirely moulded) footwear. | | | | | | | | | | |
| Design | Size range as marked on the type of safety footwear | | | | | | | | | | |
| A Low shoe | | | | | | | | | | | |
| B Ankle boot | | | | | | | | | | | |
| C Half-knee boot | | | | | | | | | | | |
| D Knee-height boot | | | | | | | | | | | |
| E Thigh boot | | | | | | | | | | | |

| Part E: Management declaration | |
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| 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 safety footwear submitted for approval. | |
| Signature: | Name: |
| Position in company: | Date: |