

Laminated safety glass

Application for the approval of a type of laminated safety glass pursuant to the Compulsory Specification for safety glass and other safety glazing materials as published by Government Notice No. R. 363 (Government Gazette No. 37631) of 16 May 2014.

NRCS use only

Technical file No.: _____ Customer No.: _____

NOTE This form shall be completed in full for each type of laminated safety glass submitted for approval.

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Part A: Applicant's details		
Applicant's name:		
Applicant's company registration No.:		
Contact person:	Position in company:	
Tel.:	Fax:	E-mail:
Part B: Importer's details		
Importer's name:		
SARS Importers Code:		
Postal address:		
Physical address:		
Part C: Manufacturer's details		
Manufacturer's name:		
Postal address:		
Physical address:		
Part D: Manufacturing plant's details		
Manufacturing plant's name:		
Physical address:		
Part E: Type-identifying information		
Principal characteristic		
Name or trademarks of manufacturer or glazier as marked on type of laminated safety glass:		
Shape:	<input type="checkbox"/> Flat	<input type="checkbox"/> Curved
Number of layers of glass:		
Number of layers of interlayer:		
Minimum thickness of safety glazing material:		
Minimum thickness of interlayer(s):		
Nature and type of interlayer(s) (e.g. PVB):		
Nature of material:	<input type="checkbox"/> Polished (plate) glass	<input type="checkbox"/> Float glass <input type="checkbox"/> Sheet glass
Colouring of interlayer(s):	<input type="checkbox"/> Colourless	<input type="checkbox"/> Tinted
Colouring of glass:	<input type="checkbox"/> Colourless	<input type="checkbox"/> Tinted

Additional characteristic		
Special treatment of glass:		
Nature and type of plastics coating(s):		
Minimum thickness of plastics coating(s):		
Incorporated elements:	<input type="checkbox"/> Conductors	<input type="checkbox"/> Opaque obscuration <input type="checkbox"/> Reflective coating (safety mirrors)
Part F: Management declaration		
I hereby certify for and on behalf of the applicant that the information contained in this application and accompanying product technical file is complete and correct in all respects, and is representative of the type of safety glazing material submitted for approval.		
Signature:	Name:	
Position in company:	Date:	

