

## Safety plastics

Application for the approval of a type of safety plastics 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	e completed in full for each type	e of safety plastics 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 detai	ils				
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 safety plastics:					
Chemical designation of plastics mate	ərial:				
Shape:	Flat	Curved			
Minimum thickness of safety glazing material:					
Colouring of plastics material:	Colourless	Tinted			
Process of manufacture:					

NRCS Chemicals, Mechanical & Materials Division

SABS Campus 1 Dr. Lategan Road Groenkloof Pretoria • Private Bag X25 BROOKLYN 0075 • Tel. +27 12 482-8700 • www.nrcs.org.za

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Additional characteristic				
Number of layers of plastics material:				
Number of layers of interlayer:				
Minimum thickness of interlayer(s):				
Nature and type of interlayer(s):				
Colouring of interlayer:	Colourless	Tinted		
Special treatment of plastics material:				
Nature and type of surface coating:				
Incorporated elements:	Conductors	Opaque obscuration	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:		Dat	e:	

