



## TYPE APPROVAL APPLICATION FORM

### Government of Samoa Office of the Regulator

Form APP01

#### Private Bag, Apia, Samoa

#### Instructions for completion

- Print clearly, unclear or incomplete application forms may delay processing of your license.
- Applicant's details will be treated as confidential.
- Note that the Office of the Regulator will not issue a licence unless all relevant fees are paid.

#### Disclosure of Personal Information

Information provided by the applicant or authorised representative in all fields of this form is required. Submitting this form without all information required will delay the process. The Regulator's office may ask for the application to be resubmitted if it does not contain all of the required information.

#### Where to send this Form

The Regulator  
Office of the Regulator  
Private Bag  
Apia, Samoa  
Telephone: (685) 30282  
Facsimile: (685) 30281  
Email : [spectech@regulator.gov.ws](mailto:spectech@regulator.gov.ws)

#### Details

| Name   | Contact Details  |
|--|------------------|
| [Name]   | [Phone]          |
| Position (tick appropriate)<br><input type="checkbox"/> Licensee<br><input type="checkbox"/> Service agent | [Fax]<br>[Email] |

| Business Name & Address | Service Agent Details |
|-------------------------|-----------------------|
|                         | [Name]                |
|                         | [Company]             |
|                         | [Phone]               |
|                         | [Email]               |

#### Equipment Details

|                           |
|---------------------------|
| [Manufacture Name]. _____ |
|---------------------------|

|                   |
|-------------------|
| [Product Details] |
| .....             |
| .....             |
| .....             |

**Declaration of Conformity Certificate**

|   |                          |
|---|--------------------------|
| [Declaration of Conformity Certificate] | [Test Certificate]       |
| <input type="checkbox"/>                | <input type="checkbox"/> |

Date of Application. \_\_\_\_/\_\_\_\_/\_\_\_\_



Research Result. \_\_\_\_\_

Approve by. \_\_\_\_\_

Approval No \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant's Declaration**

I declare that the information in this application and in any accompanying documents provided by me as a person authorised by the applicant is true and correct in all details, and that the equipment to be employed is of a type approved by the regulator for this purpose.

|                       |
|-----------------------|
| [Signature]           |
| [Print Name]          |
| [Date] ____/____/____ |
| [Position Held]       |
| [Organisation]        |