



PSB Singapore

**CONFIDENTIAL**  
**TÜV SÜD PSB PTE LTD**  
**APPLICATION FOR PRODUCT LISTING SCHEME**

Application Type:

- New                     Transfer (Certificate No.:        )
- Co-certificate (Main Certificate Client No:        )
- Renewal (Certificate No.:        )
- Amendment / Extension of scope (Certificate No.:        )

Class of Listing:  Class 1A     Class 1B     Class 1C     Class 2     Class BC

PLS application for UAE market, please tick accordingly:  PLS UAE

**A. APPLICANT DETAILS\*** (For Official Use: CBW no.: \_\_\_\_\_)

*\* It is mandatory for a foreign applicant applying for certification of fire safety regulated products in Singapore to appoint a local representative. The information and supporting documents stated in items C and E shall be provided accordingly.*

Name of Company  
(as registered with the  
Business Registry Authority): \_\_\_\_\_

Business Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telefax: \_\_\_\_\_

VAT Tax ID (if applicable): \_\_\_\_\_ Date of Establishment of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Is your company certified by any product/system Certification Body (CB)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please provide details:		
CB: _____		
Standard(s): _____		

**B. MANUFACTURER DETAILS (\*)** (For Official Use: CBW no.: \_\_\_\_\_)

*\*If your company has several premises all contributing to the overall scope of any proposed certification, please duplicate copy of Section B and fill details under B for each premise.*

Name of company: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telefax: \_\_\_\_\_

VAT Tax ID (if applicable): \_\_\_\_\_ Date of Establishment of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

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Is your company certified by any product/system Certification Body (CB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details:	
CB:	
Standard(s):	

**C. LOCAL REPRESENTATIVE DETAILS** (For Official Use: CBW no.: \_\_\_\_\_)

*\*Only applicable for SCDF regulated products*

Name of Company  
(as registered with the  
Business Registry Authority): \_\_\_\_\_

ACRA UEN Number: \_\_\_\_\_

Registered  
Address: \_\_\_\_\_

Country: **SINGAPORE** Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telefax: \_\_\_\_\_

GST Tax ID  
(if applicable): \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**D. PRODUCT DETAILS** (attached additional sheets if insufficient space)

Please list type of product(s) and the standard for which listing is being sought and provide specifications of product to be listed in full detail e.g. brand, models, sizes, etc. & enclose relevant brochures.

Type of Product(s): \_\_\_\_\_

Brand: \_\_\_\_\_

Model(s): \_\_\_\_\_

Product Description: \_\_\_\_\_

Batch Size (only applicable for  
PLS Class BC): \_\_\_\_\_

Standard(s) (Specific  
clause(s) if not tested to full  
standard): \_\_\_\_\_

Test Report No. / Assessment Report No.:
Date of Test Report / Assessment Report :
Date of Test Conducted:
Name of Test Laboratory:
Location of Test Conducted.:

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<b>Has test report been used for any PLS application?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the following details:		
Test Report No.:	_____	
Certificate of Conformity No.:	_____	

<b>Has the product ever been certified by TÜV SÜD PSB?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Has the product been certified by any Certification Body (CB)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please provide the following:		
Name of previous CB:	_____	
Product details:	_____	
Listed standard(s):	_____	
<b>Has the product failed in the certification?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please provide the following:		
(a) Latest copy of inspection report from the Certification Body.		
(b) Latest surveillance test results from the Certification Body.		
(c) Records of improvement made to the product.		

**E. SUPPORTING DOCUMENTS**

The applicant shall submit the following with this application:

- (a) Original or copy of coloured Test Report(s) / Assessment Report(s) bearing recognised accreditation logo with the certificate number issued to the laboratory (The age of test report(s) submitted must be within the time frame stipulated by the regulations.)
- (b) The product specification (e.g. component list, material list, drawing and product sample).
- (c) For fire rated door, lift landing door, door closer and fire rated systems with multiple assessment reports, respective product details template ([CRT-OM-PLS-F-21](#)) must be duly completed.
- (d) Original or Certified True Copy of latest Instant Information (Business Profile) extract from the Accounting and Corporate Regulatory Authority (ACRA).
- (e) Original or certified true copy of the Letter of Authorisation from manufacturer if applicant is not the manufacturer confirming that applicant is entitled to deal in the product.
- (f) Original or certified true copy of the Letter of Authorisation from owner of test and / or assessment report if applicant is not the owner of test and / or assessment report confirming that the applicant is entitled to use the test and / or assessment report.
- (g) For transfer application from SAC accredited and SCDF recognised CB, applicant shall provide all required documents stipulated, including signed declaration from previous CB that there are no outstanding issues that require rectification. The application must be completed with due consideration for surveillance requirements and at least 6 months before expiry of the certificate.

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- (h) Co-certificate Authorization Letter & Agreement for application for co-certification.
- (i) Details of amendments/scope extension.
- (j) Where applicant is a foreign company, a local representative fulfilling the requirements of Fire Safety Act (Chapter 109A) 2020 together with the Fire Safety (Regulated Fire Safety Products) Regulations 2020 must be appointed and proof of partnership between the local representative and foreign applicant must be established and provided for this application.
- (k) Original or Certified True Copy of appointed local representative latest Instant Information (Business Profile) extract from the Accounting and Corporate Regulatory Authority (ACRA).

*Note: To expedite processing of your application, please arrange and submit your documents following the above order. Please note that certification process only commence upon complete documentation submission. Incomplete submission will result in delay of certification.*

**F. COMPANY'S DECLARATION**

We have read and accept TÜV SÜD Group Testing and Certification Regulations; TÜV SÜD PSB Pte Ltd (PSB) General Terms and Conditions of Business and PSB Product Listing Scheme (PLS) Application Fact Sheet governing PSB PLS and agree to comply with the same. The completed application form and all relevant documents as required in Part D are submitted for your consideration. We declare that we do not engage any consultancy from TÜV SÜD PSB Pte Ltd on the product intended for product listing and all the information given are true, complete and accurate.

\_\_\_\_\_  
Authorised signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorised Signatory

\_\_\_\_\_  
Designation of Authorised Signatory

\_\_\_\_\_  
Company's stamp

Please return to:

TÜV SÜD PSB Pte Ltd, 15 International Business Park, TÜV SÜD @ IBP, Singapore 609937