|  |
| --- |
| **The information given in this form is based on ISO/IEC 17026:2015 & ISO/IEC 17065:2012.****Completing the form will provide us with the necessary information to submit a quote for your consideration:** |
| 1. **Date of Application:**
 |
| 1. **Information regarding client**
 |
| 1. The legal name of the client, address of its registered office, contact details:
 |
|  |
| 1. Name of the contact to EPIL and authorized to sign on behalf of the client:
 |
|  |
| 1. Business address and contact details:
 |
|  |
| 1. Role of the client organization (manufacturer, designer, distributor, agent, etc.):
 |
|  |
| 1. Is the client one of EPIL’s Shareholders’?
 |
| ☐Yes, Percent of quota ………………….. ☐No |
| 1. Request for:
 | ☐Test Certificate☐Unit Verification☐CoC, Number of Employees xx total☐QAR, Number of Employees xx total |
| 1. **Manufacture of the product(s)**
 |
| 1. Place (s) [physical address(es)] of manufacture of the product(s)
 |
|  |
| 1. Name and title of the person responsible for product quality
 |
|  |
| 1. Business address and contact detail
 |
|  |
| 1. **Information regarding intended applicant (indifferent from the client)**
 |
| 1. The legal name of the company, address of registered office, contact details
 |
|  |
| 1. Name of the person acting as a contact to EPIL and authorized to sign on behalf of the client
 |
|  |
| 1. Business address and contact details
 |
|  |
| 1. Role of the intended applicant (manufacturer, designer, distributor, etc.)
 |
|  |
| 1. **Designation of the product(s) for which certification is requested**
 |
| 1. Description of product(s), including catalogue number(s), type designation(s) or other descriptive identifier(s):
 |
|  |
| 1. Standard(s) and other normative documents to which certification is requested: number, title, year of issue:
 |
|  |
| 1. Description of product(s), including all configure, options, and features available with the product, e.g., different coatings or joining systems, catalog number(s), type designation(s), or other descriptive identifiers
 |
|  |
| 1. Product range: (i.e., sizes, classes, etc.- also provide product ordering codes for each orderable item in product range; attach a schedule that seeking approval for a range of products)
 |
|  |
| 1. Product use limitations: (e.g., ground burial condition limits, corrosivity limits, UV exposure limits, etc.)
 |
|  |
| 1. Consumers and non-government groups
 |
|  |
| 1. **Outsourced Process (es)/ Subcontractors using by the client that will affect conformity to requirements**
 |
| Are any processes being outsourced? | ☐ No☐ Yes If yes, please provide the following required information for each subcontractor. |
| Subcontractor no. 1: | [Name] |
| Address: | [ Specify] |
| Performed process/(es): | ☐ Design and development☐Purchasing☐ Production and service provision☐ Sterilization☐ Cleanliness of product☐ Assembly☐ Packaging and labeling☐ Servicing activities ☐ Warehouse☐ Other: [Specify] |
| Third-party certification: | ☐ No☐ Yes  |
| If necessary, duplicate the table to add further subcontractors |
| 1. **Critical Suppliers**
 |
| Are there any suppliers of raw materials, materials, components, or subassemblies that may affect the safety and performance of the device? | ☐ No☐ Yes If yes, please provide the following required information for each critical supplier. |
| 1. **Quality Management System: (You must attach the certificate and schedules for ISO 9001 certification where obtained. Otherwise, attach quality inspection and test plans used for manufacture.)**
 |
| ISO 9001 certification: ☐Yes/☐No | Certification Body  |
| Certification No. The expiry date of certification  | Date of the last certification  |
| 1. **Declaration of willingness, on satisfactory completion of the assessment, to conclude the applicable certification agreement and licensing agreement, if not previously concluded**
 |
|  |
| **Name (in Block letters, of the person nominated in 2 or 4:** |
| **Signature:** |

**END**

**Thank you for completing the application and considering EPIL**