|  |  |
| --- | --- |
| **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**