|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 Applicant and contact information | | | | | | | | | | | | |
| **1.0 Applicant** | The applicant that places the order with EPIL can also be a consultant/representative who has a power of attorney that shall be supplied with the application. The applicant will receive the certificate and/or test report. | | | | | | | | | | | |
| Name: |  | | | | | Contact person: | | | | | | |
| City: |  | | | | | E-mail: | | |  | | | |
| Country: |  | | | | | Website: | | |  | | | |
| Address: |  | | | | | Phone: | | |  | | | |
| Fax: | | |  | | | |
| **1.1 Manufacturer** | The responsible manufacturer (name that will appear on marking label, instructions, etc.) | | | | | | | | | | | |
| Name:  City:  Country:  Address: | Complete if different from the applicant. | | | | | Contact person:  E-mail:  Website:  Phone: Fax: | | | | | | |
| 2 IECEx Certificate | | | | | | | | | | |
| Ex Certificate of Conformity | | | | | | | | | | |
| Ex Unit Verification | | | | | | | | | | |
| ExTR | | | | | | | | | | |
| Ex QAR | | | | | | | | | | |
| *Updating of current certificate -Cert. No:* | | | | | | | | | | |
| 3 Product Information | | | | | | | | | | | |
| **Type of protection** | | | | | | | | | | | |
| *Product* | | | *Equipment* | *Component* | | | | | | | |
| *Equipment/Apparatus group:* | | | *I (mining)* | *II (explosive gas atmosphere)* | | | *III (explosive dust atmosphere)* | | | | |
| **Harmonized standards applied (must be according to the latest list of harmonized standards for Ex):** | | | | | | | | | | | |
| *IEC 60079-0 - General requirements*  *IEC 60079-01 “d” - flameproof enclosures  IEC 60079-07 “e”- increased safety*  *IEC 60079-11 ”i”- intrinsic safety*  *IEC 60079-18 ”m”- encapsulation*  *IEC 60079-28 - optical radiation  IEC 60079-31 ”t”- dust ignition protection by enclosure* | | | | | | | | | | | |
| *Requested Ex-marking*  *e.g.* Ex ia IIC T6 | | |  | | | | | | | | |
| *Ambient temperature* | | |  | *Body Material* | | | |  | | | |
| *Ingress of protection (IP) code:* | | |  | *Rated Power* | | | |  | | | |
| *Product Name* | | |  | *Battery Included* | | | | *Yes  No* | | | |
| *Model (s)* | | |  | *Window* | | | | *Yes  No* | | | |
| *Dimension (w×l×h) mm:* | | |  | *Hand-held (Portable)* | | | | *Yes  No* | | | |
| 4 Quality Management System | | | | | | | | | |
| List of Test Reports | | Insert the test report number(s) | | | | | | | |
| Number of Employees | | Factory 1:  Total Number     , Ex related Number | | | Factory 2 (if any)  Total Number     , Ex related Number | | | | |
| Outsourcing/Subcontracting activity | | Description: Insert the description of the activity | | | | | | | |
| Company: Insert Company Name | | | | | | | |
| Address: Insert Company Address | | | | | | | |
| **ISO 9001 certificate** | |  | | | | | | | |
| The CB Name: | | Insert the CB name | | | | | | | |
| The Certificate Number: | | Insert the current ISO 9001 certificate number | | | | | | | |
| The validity date: | | Insert the ISO 9001 certificate validity date | | | | | | | |

*The information supplied above will be used to provide you with a quotation according to type 5 of ISO IEC 17065 certification. This quotation is totally dependent upon the information given above.*

|  |  |  |  |
| --- | --- | --- | --- |
| *Name* | *Signature* | *Position* | *Date* |
|  |  |  |  |

*For support, kindly send completed and signed copy of this form to* [ex@eepil.com](mailto:ex@eepil.com)