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| 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.*

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

*For support, kindly send completed and signed copy of this form to* ex@eepil.com