APPLICATION

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *TYPE OF APPLICATION* | | | | | | | | | | |
| *IECEx 03 Certified Service Facilities Scheme* | | | | | | | | | | |
| Ex inspection and maintenance *(IECEx 03-4)*  Repair, Overhaul and Reclamation of Ex Equipment *(IECEx 03-5)* | | | | | | | *New Application*  *Changes to current certificate* | | |
| *Changes to current certificate (please fill the number of certificate):* | | | |  | | | | | |
| *Description of changes (if applicable):* | | | |  | | | | | |
| **Declarations:**   1. *By submitting application for IECEx scheme we confirm that we have read, understood, agree and undertake to abide by the Rules and Procedures of the IECEx Scheme, as outlined in Scheme Rules 03 and Operational Documents as amended (*[www.iecex.com](http://www.iecex.com)*).* 2. *By submitting application for IECEx scheme we confirm that the same application is not ongoing with any other ExCB nor has been refused in a previous stage with the same ExCB.* | | | | | | | | | | |
| *APPLICANT* | | | | | | | | | | |
| *Name*: | | | | | | | | | | |
| *Address:* | | | | | | | | | | |
| *Telephone number:* | | *Fax number:* | | | | | | | *Website:* | |
| *Contact person name*: | | *Name*: | | | | | | | | |
| *Telephone number:* | | | | | | | | |
| *e-mail****:*** | | | | | | | | |
| *LOCATION TO BE CERTIFIED* | | | | | | | | | |
| *Does location to be certified is the same as applicant?* | | | ***YES*** | | | | | | ***NO*** *(fill below information)* | |
| *Name***:** | | | | | | | | | |
| *Address:* | | | | | | | | | |
| *Telephone number:* | *Fax number:* | | | | | | | *Website:* | |
| *Contact person name*: | *Name***:** | | | | | | | | |
| *Telephone number:* | | | | | | | | |
| *e-mail:* | | | | | | | | |
| *SUPPLEMENTARY INFORMATION* | | | | | | | | | |
| Does the Service Facility hold ISO 9001 Certificate? | | | | | | | | | |
| YES | | | | | NO | | | | |
| (If **YES**, please submit certificate). | | | | | | | | | |
| Is this a transfer from another certification body? | | | | | | | | | |
| YES | | | | | NO | | | | |
| (If **YES**, please submit FAR and CoC). | | | | | | | | | |
| *Limitation of Scope* | | | | | | | | | |
| *Product types:* | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Rotating Machines | Optical radiation | Power Transformer | | Switchgear | Communication Equipment | Process Control Equipment | | Instrumentation | Heating Equipment | Gas detection | | Luminaires | Trace Heating | other | | | | | | | | | | |
| *Type of protection:*   |  |  |  | | --- | --- | --- | | d | o | t | | e | p | tD | | i | pD | DIP | | m | q | other | | n |  |  | |  |  |  | | | | | | | | | | |
| *Groups:* | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | I (Mining) | II (Ex gas atmospheres) | III (Ex dust atmospheres) | |  |  |  | | | | | | | | | | |
| *Voltages:*   |  |  |  | | --- | --- | --- | | 0 – 1000 V (low voltage) | > 1000 V (high voltage) |  | |  |  |  | | | | | | | | | | |
| *Grades of inspection:*   |  |  |  | | --- | --- | --- | | Visual | Detail | Close | |  |  |  | | | | | | | | | | |
| *Other limitations:* | | | | | | | | | |
| *Documentation Checklist* | | | | | | | | | |
| ***The application shall be provided with the quality system documentation.*** | | | | | | | | | |
| **Description** | | | | | | **Remarks/Reference No.** | | | |
| Ex Service Facility application details:   1. Name, Country, Contact details 2. Short history, and description of Service Facility 3. Legal status 4. Addresses where Service Facility carries out its operations that are to be covered by IECEx Certification 5. Any other relevant information about the Ex Service Facility | | | | | |  | | | |
| Letter or ExCB application form from applicant Service Facility to ExCB requesting certification under IECEx Service Facility Scheme | | | | | |  | | | |
| Declaration of relevant competence/capability as follows:   1. competence of responsible persons and operatives 2. listing of Ex types of protection and Scope of work to be covered by IECEx Service Facility Certification 3. Identification of testing and measurement capabilities | | | | | |  | | | |
| Documentation, such as Quality Management System (QMS) manual, showing compliance with requirements   1. compliance of quality systems to IECEx   OD 314-4  OD 314-5   1. compliance of Service Facility to technical requirements of   IEC 60079-14  IEC 60079-17  IEC 60079-19 and  OD 315-5 | | | | | |  | | | |
| Organization charts of the candidate Ex Service Facility  Particular attention should be given to those authorized to release completed work | | | | | |  | | | |
| Ex Service Facility procedure for maintaining competence of responsible persons and operatives | | | | | |  | | | |
| Service Facility procedure for maintaining competence of responsible persons and operatives | | | | | |  | | | |

**By submitting this application the applicant confirms that:**

*• have the authority to represent, submit the application, agree terms on behalf of the Service Facility.*

*• have the authority to provide a purchase order when ready to proceed with the service.*

**Appeals:**

*All appeals concerning decisions taken by an Certification Body shall be first addressed to secretary of ExCB (*[*www.exksc.eu*](http://www.exksc.eu)*)*

*In any case, where the appellant is not satisfied with the outcome of the appeal process of the Certification Body has the right to refer directly to the IECEx secretariat (*[*www.iecex.com*](http://www.iecex.com)*).*

*Where the appellant is not satisfied with the outcome of the appeal process of the ExCB or for disputes regarding a decision of the ExMC, the IECEx Executive and Chairman shall attempt to resolve the issue, however if this is not possible then a formal appeal may be lodged in accordance with IEC CA 01.*

*Appeals concerning decisions taken by the ExMC shall be referred to the IECEx Executive for mediation and a proposed outcome for both ExMC and the appellant to consider. Where the appellant is not satisfied with the outcome then a formal appeal may be lodged in accordance with IEC CA 01.*

**Invoicing:**

*We undertake to pay the full fee for the assessment carried out in accordance with a confirmed offer regardless of the outcome of this assessment - based on the invoice (s) issued by Certification Body.*

|  |  |
| --- | --- |
| **Signature:** |  |
| **Name of signatory:** |  |
| **Title/position:** |  |
| **Date:** |  |