QUOTE REQUEST

|  |
| --- |
|  |

1. Type of service:

|  |  |
| --- | --- |
| ***According to IECEx system (as outlined in IECEx Certified Equipment Scheme - IECEx 02)*** | |
| IECEx Test Report – ExTR |  |
| Quality Assurance – QAR |  |
| IECEx Certificate – CoC |  |
| IECEx Unit verification Certificate |  |
|  | |
| ***According to the Directive of the European Parliament and of the Council 2014/34/EU*** | |
| EU-Type examination  *(Appendix III – Module B)* |  |
| Conformity to type based on *quality assurance of the production process  (Appendix IV – Module D)* |  |
| Conformity to type based on product verification  *(Appendix V – Module F)* |  |
| Conformity to type based on internal production control plus supervised product testing  *(Appendix VI – Module C1)* |  |
| Conformity to type based on product quality assurance  *(Appendix VII – Module E)* |  |
| Conformity based on unit verification  *(Appendix IX – Module G)* |  |
| The technical documentation retention *(Article 13.1 (b) (ii) of directive 2014/34/EU)* |  |
| Type examination  *(voluntary mode)* |  |
| Change of certificate scope  (certificate No. : ) |  |
|  | |
| ***Quality management systems certification*** | |
| ISO 9001:2015 |  |
|  | |
| ***Others*** | |
| Description: |  |

1. General information
   1. Manufacturer - name and address:

|  |
| --- |
| **……...…………………………………………………………………………………………………..…** |

Tel / Fax / E-mail

|  |
| --- |
| **……...…………………………………………………………………………………………………..…** |

* 1. Authorized representative - name and address (if applicable):

|  |
| --- |
| **……...…………………………………………………………………………………………………..…** |

Tel / Fax / E-mail

|  |
| --- |
| **……...…………………………………………………………………………………………………..…** |

2.3. Person authorized to contact:

|  |
| --- |
| Name, Surname/position/telephone/e-mail:  **……………………………………………………………………………………………………………** |

1. Product data*(if applicable)***:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Product name (product series):  Type of device:  stationary  portable | | | | | |
| Description: | | | | | |
| Equipment | Ex component | | | Protective system | |
| Safety devices, controlling devices and regulating devices | | | | | |
| Group: | | Category: | | | |
| Ex marking:  Ambient temperature range /Ta/: | | | | | |
| Standards used: | | | | | |
| Does the product contain earlier certified equipment/components? | | | YES | | NO |
| If so, provide name, manufacturer, type, certificate number: | | | | | |
| ***The request shall be provided with documentation file containing drawings, documents, data and descriptions concerning the function, operation and specifications of the explosion safety aspects of the product.*** | | | | | |

1. Supplementary information (possessed documents – please attached)**:**

|  |  |  |
| --- | --- | --- |
| Test Report(s) (ExTR/other) |  | No.: |
| Previously issued product certificate/s (CoC/UE-type examination certificate) |  | No.: |
| Quality Assessment Report (QAR) |  | No.: |
| ATEX Quality Assurance Notification (QAN) |  | No.: |
| ISO 9001 Certificate |  | No.: |
| Comments: | | |

…………………………………… …………………………………………………

(Place, date) (Person authorized to represent)