QUOTE REQUEST

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|  |

1. Type of service:

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| --- |
| ***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 | [ ]  |
| Change to current certificate (certificate No. : ) | [ ]  |
|  |
| ***According to IECEx system (as outlined in IECEx Certified Service Facility Scheme - IECEx 03)*** |
| Ex inspection and maintenance *(IECEx 03-4)* | [ ]  |
| Repair, Overhaul and Reclamation of Ex Equipment *(IECEx 03-5)* | [ ]  |
| Change to current certificate (certificate No. : ) | [ ]  |
|  |
|  |
| ***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. Applicant - name and address (if different that Manufacturer):

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

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. Service facility data*(if applicable)***:**

|  |
| --- |
| ***Limitation of Scope*** |
| *Product types:* |
|

|  |  |  |
| --- | --- | --- |
| [ ]  All without limitation | [ ]  Luminaires | [ ]  Trace Heating |
| [ ]  Rotating Machines | [ ]  Optical radiation | [ ]  Power Transformer |
| [ ]  Switchgear | [ ]  Communication Equipment | [ ]  Process Control Equipment |
| [ ]  Instrumentation | [ ]  Heating Equipment | [ ]  Gas detection |

 |
| *Type of protection:*

|  |  |  |
| --- | --- | --- |
| [ ]  all without limitation  | [ ]  n | [ ]  t |
| [ ]  d | [ ]  o | [ ]  tD |
| [ ]  e | [ ]  p | [ ]  DIP |
| [ ]  i | [ ]  pD | [ ]  other |
| [ ]  m | [ ]  q |  |
|  |  |  |

 |
| *Groups:* |
|

|  |  |  |
| --- | --- | --- |
| [ ]  all without limitation  | [ ]  II (Ex gas atmospheres) | [ ]  III (Ex dust atmospheres) |
| [ ]  I (Mining) |  |  |
|  |  |  |

 |
| *Voltages:*

|  |  |  |
| --- | --- | --- |
| [ ]  0 – 1000 V (low voltage) | [ ]  > 1000 V (high voltage) |  |
|  |  |  |

 |
| *Grades of inspection:*

|  |  |  |
| --- | --- | --- |
| [ ]  Visual | [ ]  Detail | [ ]  Closed |
|  |  |  |

 |
| *Other limitations:* |

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

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

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 (Place, date) (Person authorized to represent)