APPLICATION

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| *TYPE OF APPLICATION* | | | |
| *IECEx Certified Equipment Scheme - IECEx 02* | | | |
| Test Report (ExTR) *(fill 2,3,4,5)*  Quality Assurance (QAR) *(fill 2,3,5,6,7)*  Certificate of Conformity (CoC) *(fill 2,3,4,5,6)*  Unit Verification Certificate *(fill 2,3,4)* | | | *New Application*  *Supplement* |
| **Declarations:**  *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 02 and Operational Documents as amended (*[*www.iecex.com*](http://www.iecex.com)*), as well as terms of ExCB conditions.* | | | |
| *Directive of the European Parliament and of the Council 2014/34/EU* | | | |
| EU-Type examination  *(Appendix III – Module B) (fill 2,3,4,5)*  Conformity to type based on quality assurance of the production process  *(Appendix IV – Module D) (fill 2,3,5,6,7)*  Conformity to type based on product verification  *(Appendix V – Module F) (fill 2,3,4,5)*  Conformity to type based on internal production control + supervised product testing  *(Appendix VI – Module C1) (fill 2,3,4,5,6)*  Conformity to type based on product quality assurance  *(Appendix VII – Module E) (fill 2,3,5,6,7)*  Conformity based on unit verification  *(Appendix IX – Module G) (fill 2,3,4)*  The technical documentation retention  *(Article 13.1 (b) (ii) of directive 2014/34/EU)*  Type examination  *(Voluntary mode)* | | | *New Application*  *Supplement* |
| **Declarations:**   1. *By submitting application for Directive 2014/34/EU we hereby confirm that no application form concerning the same product has been submitted to other Notified Body.* 2. *We declare that have read and will meet all applicable requirements contained in the "* *PC-OZ - PRODUCT CONFORMITY ASSESSMENT SCHEME".* 3. *We agree to carry out any laboratory tests*. | | | |
| *APPLICANT* | | | |
| *Name of organization*: | | | |
| *Address:* | | | |
| *Telephone number:* | *Fax number:* | *Website:* | |
| *Contact person name*: | *Name*: | | |
| *Telephone number:* | | |
| *e-mail****:*** | | |
| *Is Applicant a Manufacturer?* | ***YES*** | ***NO*** | |

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| *MANUFACTURER**(fill only in case if the applicant is not the manufacturer)* | | | | | |
| *Name of organization***:** | | | | | |
| *Address:* | | | | | |
| *Telephone number:* | *Fax number:* | | | | *Website:* |
| *Contact person name*: | *Name***:** | | | | |
| *Telephone number:* | | | | |
| *e-mail:* | | | | |
| *PRODUCT INFORMATION* | | | | | |
| *Type of Product***:** | | *Equipment*  *Ex Component* | | *Protective system*  *Safety, controlling and regulation devices* | |
| *Name of product:* | | | | | |
| *Type:* | | | | | |
| *Description:* | | | | | |
| *Destination:* | | | | | |
| *Type of protection:*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | d  m | i  o | e  t | p  op |  |  | | others: | | | | | | | | | | | |
| *Equipment Protection Level:* | | | | | |
| |  |  |  | | --- | --- | --- | | Ga | Da | Ma | | Gb | Db | Mb | | Gc | Dc |  | | | | | | |
| *Equipment Group:* | | | | | |
| |  |  |  | | --- | --- | --- | | I | II  IIA | IIIA  IIIB | |  | IIB | IIIC | |  | IIC |  | | | | | | |
| *Temperature Class:* | | | | | |
| |  |  |  | | --- | --- | --- | | T1 | T4 | *as tested* | | T2 | T5 |  | | T3 | T6 |  | | | | | | |
| *Ambient Temperature Range:*  **oC ≤ Ta ≤ oC** | | | | | |
| *Ingress Protection Rating:* | | | | | |
| *expected*: | | | *as tested:* | | |
| *Ex marking:* | | | | | |
| *Standards:* | | | | | |

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| *Supplement to Certificate*  *(Please fill the number of certificate):* | |  | | | |
| *Description of the changes:* | | | | | |
| *Will there be a change in Ex marking?* | | *YES*  *NO* | | | |
| *Proposed changes of Ex marking:* | |  | | | |
| ***The application 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.*** | | | | | |
| *SUPPLEMENTARY INFORMATION* | | | | | |
| Please indicate which of the following documents are attached to the Application | | | | | |
| ISO 9001 Quality Management System | | | | No.: |  |
| Test Raport(s) ExTR(s) | | | | No.: |  |
| Quality Assessment Report QAR | | | | No.: |  |
| Previously issued IECEx CoC | | | | No.: |  |
| *QUALITY MANAGEMENT SYSTEM INFORMATION* | | | | | |
| Is there an existing Quality Assessment Report (QAR) associated with the submitted product(s)? | | | | | |
| YES | | | NO | | |
| If **YES**, please enclose a copy QAR.  If **NO**, please fill part 7. “Information about the site(s) to be assessed”. | | | | | |
| Does the manufacturer have a Quality Plan(s) relevant to the submitted product(s)? | | | | | |
| YES | | | NO | | |
| If **YES**, please enclose a copy of the Quality Plan(s). | | | | | |
| *INFORMATION ABOUT THE SITE(S) TO BE ASSESSED* | | | | | |
| Name of organization**:** | | | | | |
| Address: | | | | | |
| Total number of employees: | | Number of employees in Ex field: | | | |
| Does the organization hold ISO 9001 Certificate? | | | | | |
| YES | | | NO | | |
| (If **YES**, please enclose a copy Certificate). | | | | | |
| List of the ExTR(s) and/or EU-type examination certificates, to be covered by the assessment: | | | | | |
| List of Ex standards (types of protection) to be covered: | | | | | |
| *Contact person name*: | *Name***:** | | | | |
| *Telephone number:* | | | | |
| *e-mail:* | | | | |
| Work subcontracted - specify what and to who: | | | | | |
| Main raw materials/components used by the organization: | | | | | |
| ***The application shall be provided with the quality system documentation.*** | | | | | |

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

*• the rights to any certificate issued shall rest with the manufacturer(s) stated.*

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

*• the manufacturer and/or applicant possesses the necessary rights to the product and its design.*

*• 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 Certification Body (*[*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 Polish Center for Accreditation (www.pca.gov.pl) or the IECEx secretariat (*[*www.iecex.com*](http://www.iecex.com)*) - depending of the service provided.*

**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.*

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