

ANZEx Scheme

Certification of explosion-protected electrical equipment (MP 87.1:2008)

Application Form – ANZEx Certificate (based on AUSEx Certificate)

(Guidance document for this application is available on the TestSafe website www.testsafe.com.au)

Do you require TestSafe to issue:

Test Report

Quality Assessment Report (QAR)

Certificate of Conformity

Part A: APPLICATION INFORMATION		
Name of Applicant Company:		ABN: <i>(if applicable)</i>
Email Address of Applicant:		Phone No:
Address (Street):		Fax No:
City:	State:	Post Code:
Country:		
Address (Postal):		
City:	State:	Post Code:
Country:		
Authorised Contact Person:		Position:
Email Address of Authorised Contact Person:		
<ul style="list-style-type: none"> • If the applicant is not the manufacturer, evidence is to be provided that the applicant is authorised to act on behalf of the manufacturer for the application and the manufacturer undertakes to abide by the ANZEx Scheme Rules. • If the applicant is not the certificate holder in the AUSEx certificate, documentary evidence is to be provided of the agreement of both parties. Evidence of name change will suffice, where this is applicable. • Manufacturer on the AUSEx certificate must be the same as on this application. • Refer guidance document on the TestSafe website for further details regarding the application process 		
Manufacturer location(s) (if different from applicant):		
Name:		Phone:
Address (street):		Fax:
City:	State:	Post Code:
Country:		
Contact Person: E-mail Address:		Position:

(If more than one manufacturing location, please provide information on additional sheet)

Part B: PRODUCT INFORMATION AND CERTIFICATES OF CONFORMITY

1. Certificate of Conformity: Identify AUSEx Certificates of Conformity already held for the product or product series, and provide copies of all previous issues.

(If space insufficient, please attach details)

2. Description of Equipment: Provide a precise and **consolidated** technical description of the equipment or range of equipment to be certified. This will become the title of your Certificate of Conformity. It should include **all options/variations** to be covered by this certificate.

(If space insufficient, please attach details)

3. Type of Protection:											IP Rating:	
d	e	ia	ib	m	n	p	s	v	DIP	Other (Specify)	IP	As tested

4. Hazardous Area:		5. Equipment Group:		6. Temperature Class:	
Zone 0		I		T1	
Zone 1		IIA		T2	
Zone 2		IIB		T3	
Zone 20		IIC		T4	
Zone 21				T5	
Zone 22				T6	
Safe Area				As Tested	
				T _{amb}	

5. Standard (s):

6. List of Drawings: A **consolidated** listing of drawings to be provided that are relevant to this application, taking into consideration **all** previous issues of AUSEx certificates, as relevant. (Titles to be shown as in the title block. Please supply in electronic form or attach drawing list).

7. Testing laboratory commissioned to carry out testing, if applicable. If no testing is required, please go to Part C.

Part C: QUALITY MANAGEMENT SYSTEM INFORMATION

1. Does the manufacturer have a Quality Management System complying with ISO 9001:2000 or equivalent?

Yes

No

If Yes, state the name of the third-party certification body and enclose a copy of the certificate showing scope of certification:

2. Is there an existing IECEx or ANZEx Quality Assessment Report (QAR), issued by an IECEx Certification Body, associated with the submitted product?

Yes

No

If YES, please provide a copy with this application.

If NO, please fill in "**Site(s) to be Assessed**" below.

QAR Reference Number:

Site(s) to be Assessed

Details of Site 1:	No. of Employees:	No. of Test Reports to be covered:	Do you hold ISO9001 Certification (provide a copy:	List of Ex Standards to be covered:
Details of Site 2:	No. of Employees:	No. of Test Reports to be covered:	Do you hold ISO9001 Certification (provide a copy of the certificate):	List of Ex Standards to be covered:

Details of subcontracted work (that are used for manufacture of this equipment), eg. machining, subassemblies, surface finishing:

List of Test Reports covered by this application:

UNDERTAKING:

I/we confirm that I/we have read, understood, agree and undertake to abide by the Rules and Procedures of the ANZEx Scheme, as outlined in Australian Standard MP87, as ammended, as well as TestSafe’s General Terms and Conditions, as ammended. Further we confirm that the product now submitted for certification was **designed to comply with the requirements of the Standards** outlined in Part B of this application, and that **no copyright and intellectual property related to the product has been infringed by this application.**

Assessment and Verification

I hereby request TestSafe Australia to review the current AUSEx Certificate of Conformity and Test Report (if applicable) provided, to conduct assessment and verification activities as relevant and required for this application, taking into consideration the information provided in this application. This is to facilitate the issue of an ANZEx certificate on the basis of the existing AUSEx certificate of conformity supplied.

Invoicing

I agree to pay all costs, as agreed by written quotation, incurred in carrying out the above work and will make payment, including upfront and progressive payments, in the timeframe stipulated by TestSafe, for such costs in accordance with TestSafe’s commercial forms.

Address for forwarding invoices: _____


Accounts payable contact: _____ (Name and email)

Phone: _____ Fax: _____

Certificate to be sent to:
Name: _____
Address: _____
Email: _____

Signed for and on behalf of applicant:
(Signature of Authorized Person)* _____
(Name in BLOCK LETTERS) _____
(Title or position of Signatory)
(in the case of a Company, Firm, or Partnership)
Date: _____

*** Person signing on behalf of manufacturer shall be an authorized company representative. If application is lodged by a person not directly employed by the intended Certificate holder, then a letter from the intended Certificate holder shall be attached.**

 **TestSafe Australia** is part of **WorkCover NSW** ABN 77 682 742 919 Londonderry Road Londonderry NSW 2753 Australia
PO Box 592 Richmond NSW 2753 Australia Telephone +61 2 4724 4900 Facsimile +61 2 4724 4999
Email: testsafe@workcover.nsw.gov.au Website: www.testsafe.com.au