

ANZEx Scheme

Certification of explosion-protected electrical equipment

APPLICATION FORM

Do you require TestSafe to issue:

Test Report

New Application

Quality Assessment Report (QAR)

Supplementary

Certificate of Conformity

PART 'A'			APPLICATION INFORMATION		
Name of Applicant:			ABN: <i>(if applicable)</i>		
Email Address of Applicant:			Phone No:		
Address (Street):			Fax No:		
City:	State:		Postal Code:		
Country:					
Address (Postal):					
City:	State:		Postal Code:		
Country:					
Authorised Contact Person:			Position:		
Email Address of Authorised Contact Person:					
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.					
Manufacturer location(s) (if different from applicant):					
Name:			Phone:		
Address:			Fax:		
City:	State:		Postal Code:		
Country:					
Contact Person:			Position:		
Email Address:					
Manufacturer location(s) (if different from applicant):					
Name:			Phone:		
Address:			Fax:		
City:	State:		Postal Code:		
Country:					
Contact Person:			Position:		
Email Address:					

(If space insufficient, please attach extra sheets)

PART B: PRODUCT INFORMATION AND CERTIFICATES OF CONFORMITY

1. Certificate of Conformity: Identify any Certificate of Conformity already held for the product or product series. *(If new Certificate of Conformity required, go to 2.)*

(If space insufficient, please attach details)

2. Description of Equipment: This will become the title of your Test Report and Certificate of Conformity. It should include all options/variations to be covered.

(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}			

7. Standard (s):

(If space insufficient, please attach details)

8. List of Drawings: (Titles to be shown as in the title block. Please supply in electronic form or attach drawing list)

9. Testing laboratory commissioned to carry out test:

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. Does the manufacturer have a documented Quality Plan relevant to the submitted product?

Yes No

If YES, please submit with this application.

Quality Plan Reference Number:

3. Is there an existing Quality Assessment Report (QAR) associated with the submitted product?

Yes No

If YES, please provide a copy.

QAR Reference Number:

If NO, please provide the following details:

Site(s) to be assessed

Details of Site 1	No. of employees	No. of Test Repots to be covered:	Do you hold ISO9001 Certification (provide a copy)	List of Ex Standards to be covered
Details of Site 2 (Where Applicable)	No. of employees	No. of Test Reports to be covered:	Do you hold ISO9001/2 Certification (provide a copy)	List of Ex Standards to be covered
Details of subcontracted work, eg. Machining, subassemblies, surface finishing				
List of Test Reports covered by this assessment:				

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. 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.

Sample Testing

I hereby request TestSafe Australia to examine and test the equipment described in the schedule below for compliance with the specified Standard(s) and nominated national differences.

Where the application includes reference to options, variations, or more than one model or type, I request TestSafe to examine and report on the effect of such options, variations or different models with respect to the requirements of the Standard or Standards.

I accept that damage may occur to the equipment as a result of the testing carried out.

Invoicing

I agree to pay all costs, as agreed, incurred in carrying out the above work and will accept progressive invoices for such costs in accordance with the Certification Body commercial forms.

Address for forwarding invoice: _____

Accounts payable contact: _____

Phone: _____ Fax: _____

Sample Return

I hereby accept all freight and handling charges are the responsibility of the customer. Contact details must be provided for liaison on sample return.

Contact Person:_____ Phone:_____ Fax:_____

I have provided details of our nominated courier and account number for TestSafe to use.

Nominated Courier:_____ Account No: _____

Address for sample return:_____

I agree that if all the above information is not provided, and I fail to collect the sample, TestSafe will arrange sample return (at their discretion), and all relevant charges will be the customers responsibility.

Certificate to be sent to

Name: _____

Address: _____

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.**