



FILE REFERENCE

**Certification of explosion-protected electrical equipment
APPLICATION FOR A CERTIFICATE OF CONFORMITY**

1 APPLICANT'S NAME (PROPOSED CERTIFICATE HOLDER)											2 MANUFACTURER'S NAME						
3 AUTHORISED CONTACT											TELEPHONE No.			FAX No.			
4 DESCRIPTION OF EQUIPMENT. This will become the title of your Test Report and Certificate																	
5 TYPE OF PROTECTION*											IP RATING		6 HAZARDOUS AREA*				
d	e	ia	ib	m	n	p	s	v	DIP	Safe Area	IP	As tested	Zone 0	Zone 1	Zone 2	Zone 20/21/22	
7 EQUIPMENT GROUP*						8 TEMPERATURE CLASS*						9 STANDARDS(S)					
I	IIA	IIB	IIC	As tested	T1	T2	T3	T4	T5	T6	As tested	T _{amb}					
10 TYPE OF CERTIFICATE REQUIRED* <input type="checkbox"/> Certificate of Compliance <input type="checkbox"/> Supplementary Certificate – State original certificate type and number <input type="checkbox"/> Component Certificate																	
11 LIST OF DRAWINGS (TITLES TO BE SHOWN AS IN THE TITLE BLOCK. PLEASE SUPPLY IN ELECTRONIC FORM OR ATTACH DRAWING LIST)																	
12 TESTING STATION COMMISSIONED TO CARRY OUT TESTS																	

Signed for and on behalf of Applicant
 (Signature of Person Authorised in Form U)

.....
 (Name in BLOCK LETTERS)

Title of Position of Signatory (in the case of a Company, Firm or Partnership)

Date of Application

* Indicate with an 'X' in appropriate box.



Certification of explosion-protected electrical equipment
UNDERTAKING

I/We.....
(Name of applicant in BLOCK LETTERS)

authorise.....
(Name of person in BLOCK LETTERS)

(Title or Position of Authorised person.....)

to submit the following equipment:

.....
.....
.....

I/we confirm that I/we have read, understood and agree with the Policy and Procedure for Certification of Explosion-protected electrical equipment and undertake:

- 1. To comply in all respects with the Policy and Procedure for Standards Australia Certification of Explosion-protected electrical equipment as outlined in Publication MP 69.
2. To apply the Certificate Number only to goods which comply with the relevant Australian, New Zealand or Joint Standard.
3. To ensure that the goods are manufactured in accordance with the drawings and conditions specified in the Certificate, and that they are the same as the sample submitted for testing, and found to comply with the requirements of relevant Australian, New Zealand or Joint Standard.
4. Not to make any modification whatsoever to the equipment before applying and obtaining a Supplementary Certificate covering such modification.
5. To advise of any alteration to the above conditions.

To pay the fees fixed for certification and administration.

Name of Applicant.....

Address

.....

Signed for and on behalf of Applicant

(Signature of Authorised Person)

.....
(Name in BLOCK LETTERS)

Title or Position of Signatory (in the case of a Company, Firm, or Partnership)

.....

Date of application.....



FORM T

AUS Ex SCHEME

Certification of explosion-protected electrical equipment

APPLICATION FOR TESTING OF PRODUCT

Sample Testing

I hereby request TestSafe Australia to examine and test the equipment described in the schedule below for compliance with the specified Australian, New Zealand or Joint Standard.

Where the application includes reference to options, variations, or more than one model or type, I request the Laboratory 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 incurred in carrying out the above work and will accept progressive invoices for such costs in accordance with the Testing Station 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.

Signature
(Signature of Person Authorised in Form U)

.....
(Name in BLOCK LETTERS)

Date

Company

Phone No. Fax No.

Schedule of Equipment