

File Reference:

# IECEX System

Certification of explosion-protected electrical equipment

## APPLICATION FORM

Do you require TestSafe to issue:

IECEX Test Report (ExTR)	<input type="checkbox"/>	New Application	<input type="checkbox"/>
Quality Assessment Report (QAR)	<input type="checkbox"/>	Supplementary	<input type="checkbox"/>
Certificate of Conformity	<input type="checkbox"/>		

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:		
*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 IECEx System Rules.		
Manufacturer (if different from applicant):		
Address (Street):		Phone:
		Fax:
City:	State:	Post Code:
Country:		
Contact Person:		Position:
Email Address:		

(If space insufficient, please attach extra sheets)

<b>Manufacturer Location(s) (If different from manufacturer)**:</b>		
<b>Address (Street):</b>		<b>Phone:</b>
		<b>Fax:</b>
<b>City:</b>	<b>State:</b>	<b>Post Code:</b>
<b>Country:</b>		
<b>Contact Person:</b>		<b>Position:</b>
<b>Email Address:</b>		

\*\* (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 any Certificates of Conformity already held for the product or product series.

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(If space insufficient, please attach details)

**2. Purpose of Application:** Briefly describe the reason you are making this application. (Eg certify new product/add to range/change components/change manufacturer/etc)

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(If space insufficient, please attach details)

**3. 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.

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(If space insufficient, please attach details)

<b>3. Type of Protection:</b>								<b>IP Rating:</b>	
<b>d</b>	<b>e</b>	<b>i</b>	<b>m</b>	<b>n</b>	<b>p</b>	<b>t</b>	<b>Other</b>	<b>IP</b>	<b>As tested</b>

<b>4. Hazardous Area:</b>		<b>5. Equipment Group:</b>		<b>6. Temperature Class:</b>	
Zone 0		I		T1	
Zone 1		IIA		T2	
Zone 2		IIB		T3	

Zone 20		IIC		T4	
Zone 21		IIIA		T5	
Zone 22		IIIB		T6	
Safe Area		IIC		As Tested	
				T <sub>amb</sub>	

**7. Standard (s):** (including year of issue)

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

(If space insufficient, please attach details)

**9. If a Test Report is not required from TestSafe, please list the Test Report number and the IECEx Certification Body that issued the Test Report:**

**Part C: QUALITY MANAGEMENT SYSTEM INFORMATION**

**1. Does the manufacturer have a Quality Management System complying with ISO 9001:2008 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 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 ExTR's to be covered:	Do you hold ISO9001 Certification (provide a copy of the certificate):	List of Ex Standards to be covered:

Details of Site 2:	No. of Employees:	No. of EXTR's to be covered:	Do you hold ISO9001 Certification (provide a copy of the certificate):	List of Ex Standards to be covered:
<b>Details of subcontracted work (that are used for manufacture of this equipment) eg. machining, subassemblies, surface finishing:</b>				
<b>List of Test Reports covered by this assessment:</b>				

**UNDERTAKING:**

I/we confirm that I/we have read, understood, agree and undertake to abide by the Rules and Procedures of the IECEx System, as specified in document IECEx 02, 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.**

Sample Testing

I hereby request TestSafe Australia to examine and test the equipment described in the schedule below for compliance with the specified IEC 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 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 invoice: \_\_\_\_\_

Accounts payable contact: \_\_\_\_\_ (Name and email)

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:

\_\_\_\_\_

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 77 682 742 966 919 Londonderry Road Londonderry NSW 2753 Australia PO Box 592 Richmond NSW 2753 Australia Telephone +61 2 4724 4900 Facsimile +61 2 4724 4999  
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