

Application Form

PART A:	SERVICE REQUIRED							
Please select below what service you require:								
Product certification:	☐ ATEX Scheme	☐ IECEx Scheme						
	☐ Chinese CNEx	☐ Chinese CCC Ex*						
	☐ INMETRO							
Production Quality Assessment:	☐ ATEX (QAN)	☐ IECEx (QAR)						
	☐ Chinese CCC Ex	☐ INMETRO (Portaria 179)						
☐ Certificate of Conformity	☐ Unit Verification	☐ Certificate renewal (CCC Ex)						
☐ IECEx ExTR report(s)	☐ Technical File Storage	☐ Trade Agent Certificate						
☐ New Product	☐ Changed Product	☐ Pre-certification Meeting						
*) Mandatory in China from 01-10-2020								
PART B:	APPLICATION INFORMA	ATION						
Name and full address of the App	olicant*:							
Name and contact details of the	contact person:							
Mr / Mrs								
first name LAST NAME								
first name LAST NAME E-mail:								
E-mail:		the applicant is authorised to act on behalf of the by the Scheme's Rules.						



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Name and full address of the Manufacturer (if different from applicant):				
Name and contact details of the contact person:				
Type of Equipment:				
Name of consultants used (if any):				
PART C: PRODUCT INFORMATION AND CERTIFICATES OF CONFORMITY				
 Description of Equipment: This will become the title of your ExTR and Certificate of Conformity. It should include all options/variations to be covered. 				
2. Certificate of Conformity: Identify any Certificates of Conformity already held for the product or product series.				
3. Anticipated Ex-code to be marked:				
(for example: 🖾 II 2 Gb Ex d e ib IIC T5)				
4. Ambient temperature range: (for example: -20°C to +60°C)				
5. Ingress Protection (IP) degree: (for example: IP66/67)				
6. Standard (s): (including edition)				
7. Documentation: For all certifications, a complete drawing package outlining the specific construction details related to the applied type(s) of explosion protection, must be submitted during the course of the project. (See also <i>IECEx OD017 - Drawing and documentation guidance</i> as a guide showing which documents will be necessary to be submitted for the application)				
8. If a certification is to be based on ExTRs which are issued by other ExCBs, please list the ExTR number and the ExCB that issued the ExTR:				



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Part D:	QUALITY	MANAGE!	MENT SYSTEM II	NFORMATION			
1. Does the manufacturer have a Quality Management System certified to ISO 9001:2015?							
	Yes □			No □			
If Yes, please enclose a copy of the certificate showing the scope of certification!							
	isting Quality Asse the submitted proc		rt (QAN and/or QAR) issued by an Certification Body			
	Yes □		No □				
If YES , please pro	ovide a copy with thi	s application.	If NO , please fill in "Site(s) to be Assessed" below.				
Site(s) to be	Assessed						
Address Site 1:	No. of Employees:	Protection typ	es to be covered:	Certificates to be covered:			
Address Site 2:	No. of Employees:	Protection typ	es to be covered:	Certificates to be covered:			
For all manufactu	uring sites, please pro	ovide a copy o	f the ISO 9001:2015	certificate.			
	ontracted work (that surface finishing:	are used for m	anufacture of this equ	uipment) eg. machining,			
List of Certificat	es of Conformity a	nd ExTRs cov	ered by this assess	ment:			
Types of Explos	sion Protection to b	e involved:					



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UNDERTAKING:

We, the undersigned, confirm that we have read, understood and undertake to abide by the Rules and Procedures of the IECEx System as specified in document IECEx 02 and the CNEX-Global B.V. General Terms and Conditions, as amended. We confirm that we have filled out this application truthfully and without changes to the original text of this document. We confirm that the product to be 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 CNEX-Global B.V. 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 CNEX-Global B.V. 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.

Sample Return

If sample(s) are to be returned to the manufacturer then we will accept all freight and handling charges. I agree that if all the above information is not provided, and I fail to collect the sample, CNEX-Global B.V. will arrange sample return (at their discretion), and all relevant charges will be the customer's responsibility.

Signed for and on behalf of applicant:			
(Date and Signature of Authorized Person)*:			
, , , , , , , , , , , , , , , , , , ,	Date	Signature	
Title or position of Signatory :			
	Position	/ title	

* 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 Applicant, then a letter from the intended Applicant shall be attached.