

Application Form

ATEX Scheme	☐ IECEx Scheme	☐ Chinese Ex-certification
Certificate of Conformity	☐ Unit Verification	☐ Test report(s)
New Product	☐ Changed Product	☐ Trade Agent Certificate
☐ Production Quality Assessme	☐ Technical File Storage	
Pre-certification Meeting		
Quotation Required PART B:	APPLICATION INFOR	MATION
	APPLICATION INFOR Applicant*:	MATION Registration number: (if applicable)
PART B:	Applicant*:	Registration number:
PART B: Name and full address of the	Applicant*:	Registration number:
PART B: Name and full address of the A Name and contact details of the A	Applicant*:	Registration number:
PART B: Name and full address of the A Name and contact details of the Mr / Mrs	Applicant*:	Registration number:



Application Form

Additional manufacturing locations:
Name and contact details of the contact person:
Type of Equipment:
Name of consultants used (if any):
(If space insufficient, please attach extra sheets)
PART C: PRODUCT INFORMATION AND CERTIFICATES OF CONFORMITY
1. Certificate of Conformity: Identify any Certificates of Conformity already held for the product or product series.
(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/minor design change/change manufacturer/address/name, new market for the product, etc)
3. Description of Equipment: This will become the title of your ExTR and Certificate of Conformity. It should include all options/variations to be covered.
(If space insufficient, please attach details)
4. Anticipated Ex-code to be marked:
(for example: (£x) II 2 Gb Ex d e ib IIC T5)
5. Ambient temperature range:
(for example: -20°C to +60°C)



Application Form

6. Ingress Protection	on (IP) degree:				
(for example: IP66/67)					
7. Standard (s): (ind	cluding edition)				
	For all certifications, a c	•	•	ge outlining the specific consti tted.	ruction details
	D017 - Drawing and doo omitted for the application		ntion guidance	as a guide showing which do	cuments will be
Titles to be shown a	as in the title block.				
Please supply in ele	ectronic form or attach dra	awina lis	t.		
9. If a certification and the ExCB that		ts which	are issued by	other ExCBs, please list th	e ExTR number
Part D:	QUALITY MAN	IAGEM	ENT SYSTE	M INFORMATION	
1. Does the manufa TS16949)	cturer have a Quality N	/lanagen	nent System ce	ertified to ISO 9001:2015 or	equivalent (eg ISO
	Yes □			No □	
If Yes, state the nam certification:	e of the third-party certifi	ication bo	ody and enclose	e a copy of the certificate sho	wing scope of
	ng Quality Assessment e submitted product?	t Report	(PQAN and/or	QAR) issued by an Certific	ation Body
	Yes 🗌			No □	
If YES , please provid	de a copy with this applic	ation.	If NO , please f	ill in "Site(s) to be Assessed	f ' below.
PQAN/QAR Referen	ce Number:				
Site(s) to be Ass	sessed				
Details of Site 1:	No. of Employees:	No. of	ExTRs to be ed:	- ,	t of Ex Standards to covered:



Application Form

Details of Site 2:	No. of Employees:	No. of ExTRs to be covered:	Do you hold ISO9001 Certification (provide a copy of the certificate):	
Details of subcontrac surface finishing:	ted work (that are used	I for manufacture of this	equipment) eg. machinir	ng, subassemblies,
List of Certificates of	Conformity and ExTR	s covered by this asse	essment:	
Types of Explosion P	rotection involved:			

UNDERTAKING:

I/we confirm that I/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. Further 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.**



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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

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 ou	r nominated courier and accoun	t number for CNEX-Glo	obal B.V. to use.
Nominated Courier:		Account No.:	
Address for sample return:			
_	information is not provided, and eir discretion), and all relevant cl		•
Signed for and on behalf of a	applicant:		
(Signa	ture of Authorized Person)*		
1)	Name in BLOCK LETTERS)		
		(Title or position	on of Signatory)
	(in the case of a Compa	any, 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 Applicant, then a letter from the intended Applicant shall be attached.