



**PART A: SERVICE REQUIRED**

**Please select below what service you require:**

Product certification:

- |  |   |
|--|---|
| <input type="checkbox"/> ATEX (CoC)    | <input type="checkbox"/> IECEX (CoC)    |
| <input type="checkbox"/> Chinese CNEx  | <input type="checkbox"/> Chinese CCC Ex |
| <input type="checkbox"/> INMETRO (CoC) | <input type="checkbox"/> UKCA (CoC)     |
|  | <input type="checkbox"/> Other          |

Production Quality Assessment:

- |  |   |
|--|---|
| <input type="checkbox"/> ATEX (QAN)          | <input type="checkbox"/> IECEX (QAR)            |
| <input type="checkbox"/> Chinese CCC Ex (FI) | <input type="checkbox"/> INMETRO (Portaria 179) |
| <input type="checkbox"/> UKCA (QAN)          | <input type="checkbox"/> Other                  |

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Certificate of Conformity | <input type="checkbox"/> Unit Verification      | <input type="checkbox"/> Certificate renewal (CCC Ex) |
| <input type="checkbox"/> IECEX ExTR report(s)      | <input type="checkbox"/> Technical File Storage | <input type="checkbox"/> Trade Agent Certificate      |
| <input type="checkbox"/> New Product               | <input type="checkbox"/> Changed Product        | <input type="checkbox"/> Pre-certification Meeting.   |

**PART B: APPLICATION INFORMATION**

**Name and full address of the Applicant\*:**

**Name and contact details of the contact person:**

Mr / Mrs

first name LAST NAME

E-mail:

\*) 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 Scheme's Rules.

**Purpose of Application:** Briefly describe the reason you are making this application (E.g. certify new product / add to range / change components / minor design change / change manufacturer / address / name, new market for the product, etc)




<b>Name and full address of the Manufacturer (if different from applicant):</b>
<b>Name and contact details of the contact person:</b>
<b>Type of Equipment:</b>
<b>Name of consultants used (if any):</b>

**PART C: PRODUCT INFORMATION AND CERTIFICATES OF CONFORMITY**

**1. 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 **IECEX OD017 - Drawing and documentation guidance** as a guide showing which documents will be necessary to be submitted for the application)

**For ATEX certification requests:**  
Conform ExNB/CS/016, the technical documentation submitted for an ATEX product certification must include an adequate analysis and assessment of the risks of the product.

**Document number of the Risk analysis document:** .....  
(mandatory input before quotation can be given)



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:

**Part D: QUALITY MANAGEMENT SYSTEM INFORMATION**

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!

2. Is there an existing Quality Assessment Report (QAN and/or QAR) issued by an 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.

**Site(s) to be Assessed**

Address Site 1:	No. of Employees:	Protection types to be covered:	Certificates to be covered:
Address Site 2:	No. of Employees:	Protection types to be covered:	Certificates to be covered:

For all manufacturing sites, please provide a copy of the ISO 9001:2015 certificate.

Details of subcontracted work (that are used for manufacture of this equipment) eg. machining, subassemblies, surface finishing:

List of Certificates of Conformity and ExTRs covered by this assessment:

Types of Explosion Protection to be involved:

CNEX-Global B.V.

Application Form





**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. 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. This application's purpose is to enable CNEX-Global B.V. to prepare a quotation. Only when the undersigned has accepted this quotation will costs be incurred and will the paragraphs about Sample Testing and Sample Return below become relevant.

**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.