



**PART A: SERVICE REQUIRED**

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

- ATEX Scheme
- IECEx Scheme
- Chinese Ex-certification
- Certificate of Conformity
- Unit Verification
- Test report(s)
- New Product
- Changed Product
- Trade Agent Certificate
- Production Quality Assessment (PQAN and/or QAR)
- Technical File Storage
- Pre-certification Meeting
- Quotation Required

**PART B: APPLICATION INFORMATION**

<b>Name and full address of the Applicant*:</b>  	<b>Registration number:</b> <i>(if applicable)</i>  
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**Name and contact details of the 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 Scheme's Rules.

**Name and full address of the Manufacturer (if different from applicant):**

**Additional manufacturing locations:**



<b>Name and contact details of the contact person:</b>
<b>Type of Equipment:</b>
<b>Name of consultants used (if any):</b>

(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.

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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/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.

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(If space insufficient, please attach details)

**4. Anticipated Ex-code to be marked:**  
(for example:  II 2 Gb Ex d e ib IIC T5)



<p><b>5. Ambient temperature range:</b> (for example: -20°C to +60°C)</p>
<p><b>6. Ingress Protection (IP) degree:</b> (for example: IP66/67)</p>
<p><b>7. Standard (s):</b> (including edition)</p>
<p><b>8. Documentation:</b> For all certifications, a complete drawing package outlining the specific construction details related to the applied type(s) of explosion protection, must be submitted.  (See also <b>IECEX OD017 - Drawing and documentation guidance</b> as a guide showing which documents will be necessary to be submitted for the application)  Titles to be shown as in the title block.  Please supply in electronic form or attach drawing list.</p>
<p><b>9. 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:</b></p>

**Part D: QUALITY MANAGEMENT SYSTEM INFORMATION**

<p><b>1. Does the manufacturer have a Quality Management System certified to ISO 9001:2008 or equivalent (eg ISO TS16949)</b></p>	
<p>Yes <input type="checkbox"/> <span style="margin-left: 200px;">No <input type="checkbox"/></span></p>	
<p>If Yes, state the name of the third-party certification body and enclose a copy of the certificate showing scope of certification:</p>	
<p><b>2. Is there an existing Quality Assessment Report (PQAN and/or QAR) issued by an Certification Body associated with the submitted product?</b></p>	
<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If <b>YES</b>, please provide a copy with this application.  PQAN/QAR Reference Number:</p>	<p>If <b>NO</b>, please fill in "<b>Site(s) to be Assessed</b>" below.</p>

**Site(s) to be Assessed**

<p>Details of Site 1:</p>	<p>No. of Employees:</p>	<p>No. of ExTRs to be covered:</p>	<p>Do you hold ISO9001 Certification (provide a copy of the certificate):</p>	<p>List of Ex Standards to be covered:</p>
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CNEX-Global B.V.

## 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):	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 Certificates of Conformity and ExTRs covered by this assessment:</b>				
<b>Types of Explosion Protection involved:</b>				

### **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.**

### **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**



CNEX-Global B.V.

# Application Form

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 CNEX-Global B.V. 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, CNEX-Global B.V. will arrange sample return (at their discretion), and all relevant charges will be the customer's responsibility.

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