China National Quality Supervision and Test Center for Explosion Protected electrical Products (CQST)

APPLICATION FORM

Project No.

APPLICANT	Name and address	contact person: Phone: Fax： E-mail:
MANU-FACTURER (if different from the applicant)	Name and address	
FACTORY/ PROD. SITE (if different from the manufacturer)	Name and address	
PRODUCT	Name: Model/type: Ex Marking: Other specification: Trade mark/logo	
THE PROJECT	New project ☐ Repeated examination, please indicate previous certificate No.: Standards according to:	
SUBMITTED/ ENCLOSED	☐ Drawing(s) ☐ Test sample(s) ☐ Extra components ☐ Wiring/circuit diagram(s) ☐ Part list ☐ Test report(s) from others ☐ User's instruction ☐ Mounting instruction ☐ Certificate(s) from others ☐ Other:	
SPECIAL INFORMA-TION	Test sample(s) after examination: ☐ Collected by applicant* ☐ To be discarded by CQST ☐ Returned at applicant's cost Certificate desired in: ☐ English ☐ Chinese ☐ Other Delivery of result: ☐ By mail ☐ Preliminary by fax ☐ By express service Remarks: * Will be discarded by CQST if not collected or notice given within 12 weeks after dispatch of the Return Notice. The same applies if not ticked in any of the boxes for "Test sample(s) after examination".	
Signature of applicant Date		

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