

REQUIREMENT:	Quo	tation	Order	
CUSTOMER:			Registration No.:	
Name			or Registration Form attached	
Contact Name:	Proje	ect Ref. No.:	Order No. (if applic.):	
Note: Please quote your customer registration number if previously registered, or attach a registration form if a new customer.				
EQUIPMENT TITLE AND TYPE DESIGNATION:				
DESCRIPTION OF ANY VARIANTS:				
IP RATING REQUIRED:				
DOCUMENTATION REQUIRED:		ificate of Test	Design Certificate	
Certificate of Test identifies the specific product tested by serial number. Design Certificate identifies the product tested by controlled drawings. IP rating may be applied to other products made to the same design.				
			is and other Documents, either below, or separately:	
Drawing/Document Number	Issue	Date	Description	



## **APPLICATION FORM FOR INGRESS PROTECTION TESTING**

(Form TypeIP.1)

TEST SAMPLE DETAILS:	
Approximate size:	Approximate weight:
Please ensure the sample has one of the following entr clearance hole for M20 tapped hole for M20 x 1.5 pitch tapped hole for 3/8" or ¼" BSP thread	y holes to enable easy connection to the IP test equipment:
What do you want us to do with the test samples :	Dispose of them or Retain them for collection
Will the samples contain any Substances Hazardous to	Health: Yes No
Please note that unless advised otherwise in writing, w involved with this application.	e will assume that you are in agreement with us sub-contracting work

All SGS services are rendered in accordance with the applicable SGS General Conditions for Certification Services accessible at http://www.sgs.com/en/Terms-and-Conditions.aspx and the SGS Baseefa Ltd. Supplementary Terms and Conditions accessible at www.sgs.co.uk/sgsbaseefatermsandconditions. Attention is drawn to the limitations of liability and to the clauses on indemnification and jurisdiction. By signing this document, the client confirms that he/she accepts the applicable SGS General Conditions for Certification Services and the SGS Baseefa Ltd. Supplementary Terms and Conditions for Certification Services and the SGS Baseefa Ltd. Supplementary Terms and Conditions.

I hereby confirm that I am authorised to make this application on behalf of the Company.

Name (printed):

Position in Company:

Signed:

Date:

SGS BASEEFA LTD. Rockhead Business Park, Staden Lane, Buxton, Derbyshire SK17 9RZ Telephone +44 (0) 1298 766600 Fax +44 (0) 1298 766601 e-mail: baseefa@sgs.com website: www.sgs.co.uk/sgsbaseefa