



APPLICATION FORM FOR TYPE EXAMINATION AND RELATED SERVICES

SGS BASEEFA LTD

(Form TypeEx.1)

Requirement: Quotation <input type="checkbox"/> Minor Project Order <input type="checkbox"/> Routine Certification Order (as prior agreement) <input type="checkbox"/>
Customer: Registration No.: or Registration Form attached <input type="checkbox"/>
Contact Name: Project Ref. No.: Order No. (if applicable):
Agent: Registration No.: or Registration Form attached <input type="checkbox"/>
Contact Name: Project Ref. No.: Order No. (if applicable):
<i>Note: Please quote your customer registration number if previously registered, or attach a registration form if a new customer. Agents must be separately registered and acting in accordance with the authority declared by the customer.</i>
Equipment Title and Type Designation:
Please advise any alternative manufacturing locations for this product:
Description of any variants:
For Supplementary Certification or ATEX/IECEx Conversion , please give the Prime Certificate Number:
IECEx Certification: Equipment <input type="checkbox"/> Component <input type="checkbox"/> I.S. System <input type="checkbox"/>
For IEC 60079-0 Equipment Protection Level: IECEx Body for Production:
<i>Please use page 3 to add any further information</i>
ATEX Type Examination Certificate: Equipment <input type="checkbox"/> Component <input type="checkbox"/> Protective System <input type="checkbox"/> I.S. System <input type="checkbox"/>
ATEX Equipment or Component Category: Notified Body for Production:
<i>Please use page 3 to add any further information</i>



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Other forms of Certification (please specify):

Standards:

Marking Code:

Ambient Temperature:

Please use page 3 to add any further information

If **Certified Components** are incorporated, please list either below, or separately:

Certificate Number:

Issued by:

Component Description:

Please provide a list of **Drawings and other Documents**, either below, or separately:

Drawing/Document Number:

Issue:

Date:

Description:

If we request samples do you wish us to: dispose of them or retain them for collection

Will the samples contain any **substances hazardous to health**: Yes No

Will you be submitting any **test results**: No Yes (enclosed) Yes (to follow) UKAS Accreditation No.:

Please note that unless advised otherwise in writing, we will assume that you are in agreement with us subcontracting work involved with this application.

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.

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

Registered in England No. 4305578 Rossmore Business Park, Ellesmere Port, Cheshire, CH65 3EN