



# APPLICATION FORM FOR TYPE EXAMINATION AND RELATED SERVICES

**SGS BASEEFA LTD**

(Form TypeEx.1)

<b>Requirement:</b> Quotation <input type="checkbox"/> Minor Project Order <input type="checkbox"/> Routine Certification Order (as prior agreement) <input type="checkbox"/>
<b>Customer:</b> Registration No.: or Registration Form attached <input type="checkbox"/>
Contact Name: Project Ref. No.: Order No. (if applicable):
<b>Agent:</b> 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>
<b>Equipment Title and Type Designation:</b>
Please advise any <b>alternative manufacturing locations</b> for this product:
<b>Description of any variants:</b>
For <b>Supplementary Certification or ATEX/IECEx Conversion</b> , please give the Prime Certificate Number:
<b>IECEx Certification:</b> 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>
<b>ATEX Type Examination Certificate:</b> 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](http://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: \_\_\_\_\_

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