



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:
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:
Other forms of Certification (please specify):		
Standards:		
Marking Code:		Ambient Temperature:



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

Certificate Number	Issued by	Component Description
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Please provide a list of **Drawings and other Documents**, either below, or separately:

Drawing/Document Number	Issue	Date	Description
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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 sub-contracting 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.

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FURTHER INFORMATION:

