

APPLICATION FOR Ex SERVICES



<input type="checkbox"/> New Certificate	<input type="checkbox"/> IECEx Scheme
<input type="checkbox"/> Audit Request	<input type="checkbox"/> ANZEx Scheme
<input type="checkbox"/> Test Report	<input type="checkbox"/> ATEX Directive
	<input type="checkbox"/> UKCA (UKSI Legislation)
<input type="checkbox"/> Change to existing Certificate	State existing Certificate Number: _____
<input type="checkbox"/> IP Test	<input type="checkbox"/> Other services: _____

PART A

Applicant / Certificate Holder Details:

Name: _____

ABN (if applicable): _____

Street address: _____ **City:** _____

State/Province: _____ Country: _____ Postal code: _____

Project / Technical Contact Person:

Name: _____ **Position/Title:** _____

Telephone: _____ Email: _____

If manufacturer is different from the applicant (certificate holder), please complete below:

Name & Address of manufacturing location/s:

Name: _____

Street address: _____ **City:** _____

State/Province: _____ Country: _____ Postal code: _____

Name: _____

Street address: _____ **City:** _____

State/Province: _____ Country: _____ Postal code: _____

Email the completed application form to: info@extesting.com.au
Ex Testing and Certification Pty Ltd
30 Kennington Drive
Tomago NSW 2322 Australia
Telephone +61 2 4964 5800

This form is identified by its number QMA-HAE-08-120 and date 2022-07-14

PART B (Product information):**1. EQUIPMENT NAME / MODEL**

(As shown in "Equipment" on IECEx Certificate. This equipment name will become the title of your Test Report and Certificate of Conformity)

2. EQUIPMENT DESCRIPTION IF NEW / CHANGES REQUESTED / OTHER SERVICES REQUESTED**3. CERTIFICATES OF CONFORMITY** (Identify any Ex Certificate of Conformity already held for the product or range)**4. Ex CODE** (If known skip 5 and 6)**5. TYPE OF PROTECTION**

- | | |
|--------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Flameproof "d" (IEC60079-1) | <input type="checkbox"/> Intrinsic Safety "i" (IEC60079-11) |
| <input type="checkbox"/> Increased safety "e" (IEC60079-7) | <input type="checkbox"/> Encapsulation "m" (IEC60079-18) |
| <input type="checkbox"/> Protection by enclosure "t" (IEC60079-31) | <input type="checkbox"/> Optical Radiation "op" (IEC60079-28) |
| <input type="checkbox"/> Non-sparking "n" (IEC60079-15) | <input type="checkbox"/> Pressurisation "p" (IEC60079-2) |
| <input type="checkbox"/> Oil filled enclosures "o" (IEC60079-6) | <input type="checkbox"/> Sand filled enclosures "q" (IEC60079-5) |
| <input type="checkbox"/> Pressurised "p" or Ventilated rooms "v" (IEC60079-13) | <input type="checkbox"/> Special Protection "s" (IEC60079-33) |
| <input type="checkbox"/> Non-electrical "h" (ISO/IEC80079-36) | <input type="checkbox"/> Fuel dispensing (AS/NZS2229) |
| <input type="checkbox"/> Equipment assemblies (IEC60079-46) | <input type="checkbox"/> Plugs and Receptacles (AS1299/AS1300) |
| <input type="checkbox"/> Battery operated vehicles (AS1915) | <input type="checkbox"/> Ingress Protection (IEC60529) |

6. EQUIPMENT PROTECTION LEVEL, ATMOSPHERE GROUP AND TEMPERATURE CLASS**6A. EQUIPMENT PROTECTION LEVEL (EPL)** Non-hazardous area**6B. EQUIPMENT GROUP****6C. TEMPERATURE CLASS****Coal Mine Group I** Ma Zone 0 Mb Zone 1 I 150°C 450°C**Gas Environment Group II** Ga Zone 0 Gb Zone 1 Gc Zone 2 IIA T1 T2 IIB T3 T4 IIC T5 T6**Dust Environment Group III** Da Zone 20 Db Zone 21 Dc Zone 22 IIIA

T _____°C

 IIIB IIIC**7. AMBIENT / SERVICE TEMPERATURE RANGE**

MINIMUM °C

MAXIMUM °C

 (DEFAULT) -20°C/+40 °C**8. IP RATING TO AS/IEC 60529**

IP ____

9. STANDARD(S) (including editions)

(When this application is for a new certificate the latest edition of the standards are assumed)

10. DECISION RULE TO BE APPLIED

(Where a decision rule has to be applied for interpretation of a Pass, Fail, Compliance or Non-Compliance result)

- Apply ExTAG Guide for Application of Uncertainty of Measurement to conformity for laboratory tests carried out under the IECEx System OD 012 and use the indicated value as the true value as "Shared Risk" (DEFAULT) or

- Apply the following Decision Rules:

PART C (Quality Management System information)

Not required if the application is for a unit or restricted type of equipment:

If the manufacturer/s has an existing IECEx/ANZEx QAR or ATEX / UK QAN covering the type of protection required for the manufacture of this equipment, write the reference number/s and provide a copy of the report:

Unit Certificate OR QAR Reference number:

PART D (Samples)

All samples must be delivered to the ExTC testing premises by courier or suitable transport, and adequately identified by Job Number.

Samples may be damaged or destroyed during the testing process, and the applicant warrants that such damage will be accepted without reimbursement to the applicant.

After the tests are completed, the applicant shall be informed to make suitable arrangements to have the samples returned to them, otherwise the applicant takes responsibility to allow ExTC to dispose of the samples without further notice.

The nominated courier / transport with account number is provided below, and all expenses shall be payable by the applicant

Name of courier / transport:
Your account name:
Your account number:

PART E (Accounts)

Quotes and invoices to be sent to: (if different from applicant):

Company Name:
Street: City:
State: Country: Postal code:

Accounts Department Information:

Contact Name: Position / Title:
Telephone: Email:

UNDERTAKING:

I/we confirm that I/we have read, understood, agree and undertake to abide by the Rules and Procedures of the Australia and New Zealand Certification System Explosive Atmospheres, as outlined in the ANZEx Equipment Scheme Rules, and/or the IECEx System as outlined in IECEx 02, and/or ATEX as outlined in European Directive 2014/34/EU, and/or UKCA as outlined in UK Government legislation UKSI 2016:1107 including its amendments and Ex Testing and Certification Pty Ltd General Terms & Conditions and Certification Operations Manual. Any changes will be conveyed by information on our website www.extesting.com.au and these form part of our Service Agreement; that the applicant and manufacturer shall be bound by these rules and procedures; that the manufacturer has complete intellectual rights over the design submitted, and confirm that the product now submitted for Certification was designed to comply with the requirements of the Standards outlined in Part B.

On behalf of the manufacturer:

Signature of Contact Person*

Name in BLOCK LETTERS

Title or position of Signatory
(in the case of a Company, Firm, or Partnership)

Date

* Person signing on behalf of the manufacturer shall be an authorized representative. If application is lodged by a person not directly employed by the manufacturer, then a letter from the manufacturer shall be attached.