



**APPLICATION FORM**  
 Certification of explosion-protected  
 electrical equipment



V07/02

Filled in and signed please send back to:

**IBEXU**  
**Institut für Sicherheitstechnik GmbH**  
**Fuchsmühlenweg 7**  
**09599 Freiberg, Germany**

**Do you require IBEXU to issue:**

Certificate of Conformity	<input type="radio"/>	yes	<input type="radio"/>	no
IECEX Test Report (ExTR)	<input type="radio"/>	yes	<input type="radio"/>	no
IECEX Quality Assessment Report (QAR)	<input type="radio"/>	yes	<input type="radio"/>	no

**Customer and contact information**

Name of Applicant:		Email Address:
Authorised Contact Person	Position:	Phone No:
Address (Street):		Fax No:
Post Code	City:	Country:
If the applicant is not the manufacturer, evidence is to be provided that the applicant is authorised to act on behalf of the manufacturer for the application and the manufacturer undertakes to abide by the IECEx Scheme Rules.		
Name: Manufacturer location(s) (if different from applicant):		Email Address:
Contact Person:	Position:	Phone:
Address:		Fax:
Post Code:	City:	Country:

*(if space insufficient please attach extra sheets)*

**Product information and Certifications of Conformity**

**1. Certificate of Conformity:** Identify any Certificates of Conformity already held for the product or product series. *(If first Certificate of Conformity required, go to 2.)*

(If space insufficient, please attach details)

**2. Description of Equipment:** This will become the title of your Test Report and Certificate of Conformity. It should include all options/variations to be covered.

Name of product:  
Type(s):

Technical Data:

(If space insufficient, please attach details)

3. Type of Protection:													IP Rating:	
d	e	ia	ib	ic	ma	mb	n	o	p	q	s	Syst	IP	as tested

4. Hazardous Area:				5. Explosion Group:				6. Temperature Class:					
Zone 0				I				T1					
Zone 1				II				T2					
Zone 2				IIA				T3					
Zone 20				IIB				T4					
Zone 21				IIC				T5					
Zone 22								T6					
								as tested					
								<b>T<sub>amb</sub></b>	up			to	

**7. Standard (Editions):**

**8. Documents enclosed:** ( Please supply in electronic form or attach drawing list)

**9. If IBExU ExTR is not required, list IECEx Certified Body (ExCB) who provided the ExTR:**

**Quality Management System Information**

<b>10. Quality Management Standard ISO 9001:2000 applied</b>	
<input type="radio"/> Yes	<input type="radio"/> No
<b>12. Is there an existing Quality Assessment Report (QAR) associated with the submitted product?</b>	
<input type="radio"/> Yes	<input type="radio"/> No
If YES, please provide a copy. QAR Reference Number:	If NO, please fill in " <b>Site(s) to be Assessed</b> " below.

Name of the third-party certification body, if applicable enclose a copy of the certificate showing scope of certification:

### Site(s) to be Assessed

Initial notification

Re-notification

Details of subcontracted work, eg. Machining, subassemblies, surface finishing:

Documents covered by this assessment:

- Copy of a valid certificate of quality system
- Copy of latest audit report by quality system certifier
- Quality manual
- Organisation diagram of the company
- Copy of latest internal audit report
- Copy of latest management review
- List of manufactured Ex-products
- Ex-specific test and work instructions

#### UNDERTAKING:

We confirm that we have read, understood, agree and undertake to abide by the Rules and Procedures of the IECEx Scheme, as outlined in Scheme Rules IECEx 02 and Operational Documents (as ammended), as well as IBExU's General Terms and Conditions (see attached). Further we confirm that the product now submitted for certification was designed to comply with the requirements of the Standards outlined of this application.

When the order is received, IBExU will provide an Order Confirmation which, together with the signed Application Form, will constitute a binding agreement between the applicant and IBExU.

Signed for and on behalf of applicant:

(Signature of Authorized 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 manufacturer shall be an authorized company representative. If application is lodged by a person not directly employed by the intended Certificate holder, then a letter from the intended Certificate holder shall be attached.**