SIRIM Berhad
Conformity Assessment Division
Product Certification and Inspection Department
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APPLICATION FORM FOR IECEx EQUIPMENT CERTIFICATION

☐ IECEx Certificate of Conformity (CoC) ☐ IECEx QAR ☐ IECEx ExTR

SECTION A: APPLICANT INFORMATION					
1. NAME AND ADDRESS OF APPLICANT (as it should appear on the final CoC / ExTR/ QAR)					
Company Name					
Company Address					
	Post code		City		
	State / Province		Country		
Business Registration					
Tax Identification Number (TIN)					
Status : ☐ Manufacturer ☐ Design Responsible ☐Others, please provide detail_____					
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.					
2. MANUFACTURING LOCATION TO BE CERTIFIED (as it should appear on the final CoC / ExTR / QAR)					
Manufacturing Facility					
Address					
	Post code		City		
	State / Province		Country		
Business Registration					
Tax Identification Number (TIN)					
Only person who has authority in relation to certification process, should be named as contact person.	Contact Person		Position		
	Tel. No.		Fax No.		
	Email		Web Site		
If there are more than one manufacturing locations to be certified, applicant to submit all the details of manufacturing in additional documents.					

SECTION B: PRODUCT INFORMATION

1. DETAILS OF EQUIPMENT:

(This will become the title of your Test Report and Certificate of Conformity. It should include all options/variations to be covered)

Equipment Name:	**Brand:**
Model:	**Rating:**

2. DESCRIPTION OF EQUIPMENT:

(*For equipment description, please briefly describe the equipment and/or provide relevant documents such as, technical drawing, photograph, component list, label or marking details, operation or service manual, circuit diagram, if any. If space is not enough, please use attachment.)*

3. LIST OF COMPONENTS AND EQUIPMENTS USED *(To be listed by applicant. If space is not enough, please use attachment).*

Example:

Description	***Manufacturer***	***Type / Model***	**Certificate**	***Ex Marking***	***Standards***
Terminal box Type GHG 731…	*XYZ Sdn Bhd*	*CPS 20.241*	*IECEx SRM 14.000U SRM 14ATEX 37951U*	*Ex e IIC T5 Gb -40°C to +80°C*	*IEC 60079-0:2011 Ed. 06 IEC 60079-7:2006 Ed. 4*

Description	**Manufacturer**	**Type / Model**	**Certificate**	**Ex Marking**	**Standards**

4. TYPE OF PROTECTION:

d	**p**	**e**	**i**	**IEC 60079-13**	**n**
m	**IEC 60079-25**	**ISO 80079-37**	**IEC TS 60079-46**	**IEC 60079-31**	

5. HAZARDOUS AREA:		**6. EQUIPMENT GROUP:**		**7. TEMPERATURE CLASS:**	
		Group I			
Zone 0		Group II	☐ IIA	☐ T1	☐ T4
Zone 1			☐ IIB	☐ T2	☐ T5
Zone 2			☐ IIC	☐ T3	☐ T6
Zone 20		Group III	☐ IIIA		
Zone 21			☐ IIIB		
Zone 22			☐ IIIC		

8. EQUIPMENT PROTECTION LEVEL (EPL):

Mining	Ma ☐	Mb ☐	
Gas/Vapour	Ga ☐	Gb ☐	Gc ☐
Dust	Da ☐	Db ☐	Dc ☐

9. REQUESTED MARKING (e.g., Ex de IIB T4):		
10. IP CLASSIFICATION (IF REQUIRED, e.g. IP66):		
11. AMBIENT TEMPERATURE RANGE	☐ **T_{amb}** -20ºC to 40ºC	☐ **T_{amb}** ____ºC to ____ºC
12. DUST THICKNESS		
13. VOLUME OF ENCLOSURE	**Gross (cm^3) :**	**Net (cm^3) :**
14. NATIONAL DEVIATION (if any) :		
15. STANDARD(S) (Please specify Editions)**:**		

16. List of Drawings in line with requirements of OD 017 ***(to provide actual drawing)*****:**

Title	**Drawing No.**	**Revision**	**Issue Date**

16. Other information to be submitted
    - ☐ Specific Conditions
    - ☐ Operational manual / Installation manual
    - ☐ Unique equipment identification (serial numbers to be certified)
    - ☐ Ignition Hazard Assessment Report (for non-electrical equipment / ISO 80079-36, ISO 80079-37)
    - ☐ Others

SECTION C : QUALITY MANAGEMENT SYSTEM INFORMATION		
ISO 9001 certified? (If YES, please submit certificate)?	☐ YES	☐ NO
Does the scope cover product to be certified and its manufacturing location?	☐ YES	☐ NO
Is there an existing Quality Assessment Report (QAR) associated with the submitted product? (If YES, please provide a copy of QAR)	☐ YES	☐ NO
Numbers of Employee (involved in Ex Manufacturing)		

UNDERTAKING

I/We hereby declared that the information provided in this application is valid.
I/We undertake to comply with the provision of the IECEx Scheme Rules.
I/We agree to pay all fees / cost connected to the certification process.

An authorized representative of the applicant shall put his signature in this section.	Signature		Applicant's stamp:
	Name		
	Designation		
	Date		