

APPLICATION

for conformity assesment and certification process of equipment or protective systems intended for use in potentially explosive atmospheres

In the table, it is indicated with A, B, C1, D, E, F and G (*italic type letters in parenthesis*) in cases of which type of application whether or not the cell must be filled.

1. COMMERCIAL INFORMATION

Company name: <i>(A, B, C1, D, E, F, G)</i>	
Company address: <i>(A, B, C1, D, E, F, G)</i>	
Phone: <i>(A, B, C1, D, E, F, G)</i>	
Fax: <i>(A, B, C1, D, E, F, G)</i>	
Homepage: <i>(A, B, C1, D, E, F, G)</i>	

Responsible person dealing with this application: <i>(A, B, C1, D, E, F, G)</i>	
Phone: <i>(A, B, C1, D, E, F, G)</i>	
Cellular phone: <i>(A, B, C1, D, E, F, G)</i>	
E-mail: <i>(A, B, C1, D, E, F, G)</i>	

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2. ROUTES TO COMPLIANCE

New application? <i>(A, B, C1, D, E, F, G)</i>	<input type="checkbox"/>	
Extension to an existing ATEX certificate issued by EX-ON? <i>(B)</i>	<input type="checkbox"/>	Certificate No.:
Extension to an existing ATEX certificate issued by not EX-ON? <i>(B)</i>	<input type="checkbox"/>	Name of certification body: Certificate No.: To which standards has the product been certified?
For which of conformity assessment modules being asked to provide certification, testing or inspection services? <i>(A, B, C1, D, E, F, G)</i>	<input type="checkbox"/> „module B” (Directive 2014/34/EU Annex III.): EU-type examination <input type="checkbox"/> „module D” (Directive 2014/34/EU Annex IV.): Conformity to type based on quality assurance of the production process <input type="checkbox"/> „module F” (Directive 2014/34/EU Annex V.): Conformity to type based on product verification <input type="checkbox"/> „module C1” (Directive 2014/34/EU Annex VI.): Conformity to type based on internal production control plus supervised product testing <input type="checkbox"/> „module E” (Directive 2014/34/EU Annex VII.): Conformity to type based on product quality assurance <input type="checkbox"/> „module G” (Directive 2014/34/EU Annex IX.): Conformity based on unit verification <input type="checkbox"/> „module A” (Directive 2014/34/EU 13 (1) (b) (ii)): Internal Production Control	

3. PRODUCT DETAILS

Name of manufacturer: <i>(A, B, C, D, E, F, G)</i>	
Address of manufacturer: <i>(A, B, C, D, E, F, G)</i>	
Type of Product: <i>(A, B, C, D, E, F, G)</i>	<input type="checkbox"/> equipment <input type="checkbox"/> protective system <input type="checkbox"/> component
Product Title: <i>(A, B, C, D, E, F, G)</i>	
Product Title (in Hungarian): <i>(A, B, C, D, E, F, G)</i>	
Type Designation: <i>(A, B, C, D, E, F, G)</i>	
Does the product incorporate certified components? <i>(A, B, C, D, E, F, G)</i>	<input type="checkbox"/> yes <input type="checkbox"/> no

Details of the certified components:

- + product title
- + type designation
- + No. of certificate
- + type of protection
- + etc.

(B, C, D, E, F, G)

4. PRODUCT CLASSIFICATION

Group, category and the type of atmosphere to which the product will be exposed: <i>(A, B, C1, D, E, F, G)</i>	<input type="checkbox"/> I M1 <input type="checkbox"/> I M2	<input type="checkbox"/> II 1 <input type="checkbox"/> II 2 <input type="checkbox"/> II 3	<input type="checkbox"/> (G) gases, vapours or mists <input type="checkbox"/> (D) dust mixtures
Nature of product: <i>(A, B, C1, D, E, F, G)</i>	<input type="checkbox"/> protective system <input type="checkbox"/> electrical <input type="checkbox"/> internal combustion engine <input type="checkbox"/> non-electrical		
Ambient temperature range of equipment: <i>(B, C1, D, E, F, G)</i>	<input type="checkbox"/> standard (-20 °C ... +40 °C) <input type="checkbox"/> alternative range (- °C ... + °C)		
To which standards has the product been designed? <i>(B, C1, D, E, F, G)</i> Mark any of these for which you seek a Certificates of Conformity!			
Planned type of protection: <i>(A, B, C1, D, E, F, G)</i>			

5. QUALITY MANAGEMENT SYSTEM

What quality system do you operate? <i>(B, D, E)</i>		
Name of organisation that has approved your quality system: <i>(B, D, E)</i>		
Has a Notified Body checked the quality system for compliance with product and production quality assurance? <i>(B, D, E)</i>	<input type="checkbox"/> no	
	<input type="checkbox"/> yes Name of the Notified Body, NB number	

6. SUPPORTING DOCUMENTATION

	Document N°	Document title
Technical drawings <i>(B, C, D, E, F, G)</i>		
Parts list <i>(B, C, D, E, F, G)</i>		
Circuit Diagrams <i>(B, C, D, E, F, G)</i>		
Test procedures <i>(B, C, D, E, F, G)</i>		
Operating instructions <i>(B, C, D, E, F, G)</i>		

	Document N°	Document title
Third party test reports: <i>(B, C, D, E, F, G)</i>		
Name, accreditation of the laboratory: <i>(B, C, D, E, F, G)</i>		
Manufacturing and operational instructions <i>(B, C, D, E, F, G)</i>		
Quality Manual: <i>(D, E)</i>		
Other documents: <i>(B, C, D, E, F, G)</i>		

7. AUTHORISATION AND DECLARATION

Has a sample been submitted to the application? <i>(B, F, G)</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<p>I the undersigned, having been named as the authorised signatory on behalf of the applicant accept the rules and conditions upon which products are accepted for certification (this can be downloaded from our webpage, or which can hand over the EX-ON Certification Body for request). I declare that to the best of my knowledge the information detailed in this application is correct.</p> <p>Furthermore I declare that the product which is the subject of this application has not previously been assessed and rejected by another Notified Body and has been designed and manufactured in accordance with one or more of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> transposed harmonised European standards <input type="checkbox"/> international IEC standards <input type="checkbox"/> national standards <input type="checkbox"/> application of proven engineering principles to achieve compliance with the Essential Health and Safety Requirements of the (ATEX) Directive 2014/34/EU 		
Date:		<i>stamp here</i>
Signature:		
Name:		
Position:		