



APPLICATION FORM (Mark Scheme)

Please complete all relevant sections of this document. The information is needed so that MASC can accurately access the type and cost of certification. Contact us on +27 (01)12 653 7594 or tonym@masc-ex.co.za for help in completing this form.

**Please send the completed form by email to tonym@masc-ex.co.za or viljoenr@masc-ex.co.za.
Alternatively, fax it to 086 560 1898.**

(Tick where applicable)

1. Scheme:

➤ South African Permit

2. Type of Application:

New Application Additional Ex Technique Change of Premises
Change of Ownership Add more products

3. Project Priority / Rating table:

| | | | | | | |
|---------------------------------------|------------------|--|--------------|--|-----------------------------|--|
| Price | Cost Sensitive | | Normal | | Willing to pay additionally | |
| Turnaround time | Quick turnaround | | Normal | | As project progresses | |
| Resources available at company | Always | | As scheduled | | When available | |

Part A: APPLICANT INFORMATION

| | | |
|--|------------|----------|
| Name of Applicant (Company Name): | | |
| Address (Street): | | |
| City: | Post Code: | Country: |
| Address (Postal): | | |
| City: | Post Code: | Country: |





| | | |
|---|-----------|----------|
| Authorized Technical Contact Person: | | Cell No: |
| Position: | Phone no: | Fax No: |
| Email Address of Authorized Technical Contact Person: | | |

| | | |
|---|--|--|
| Authorized Financial Contact Person: | | Cell No: |
| Position: | Phone no: | Fax No: |
| Email Address of Authorized Financial Contact Person: | | |
| Company Registration No. | | VAT No: |
| ISO 9001 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Certification Body: |
| Quality Manual submitted as part of application | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|-----------------------------|--|
| Employees: | |
| Total: | |
| Total involved Ex products: | |

Required Scope of Certification / Standards applicable:

| Ex technique | Manufacture | Repair | Ex technique | Manufacture | Repair |
|------------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Flameproof (d) | <input type="checkbox"/> | <input type="checkbox"/> | Sand filling (q) | <input type="checkbox"/> | <input type="checkbox"/> |
| Intrinsic Safety (i) | <input type="checkbox"/> | <input type="checkbox"/> | Encapsulation (m) | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased Safety (e) | <input type="checkbox"/> | <input type="checkbox"/> | Double protection | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-sparking (n) | <input type="checkbox"/> | <input type="checkbox"/> | Cap Lamps (IEC/SANS 62013 / 60079-35-1/2) | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressurization (p) | <input type="checkbox"/> | <input type="checkbox"/> | Gas sensing equipment SANS (1515-1/2 & IEC 60079-29-1) | <input type="checkbox"/> | <input type="checkbox"/> |
| Dust ignition proof (t, DIP,tD) | <input type="checkbox"/> | <input type="checkbox"/> | Mechanical cable glands (SANS 1213) | <input type="checkbox"/> | <input type="checkbox"/> |
| Ingress protection (IP) | <input type="checkbox"/> | <input type="checkbox"/> | Other (Please provide details) | <input type="checkbox"/> | <input type="checkbox"/> |

Other:

Type of Products:





| If more than one location, do you want an individual assessment and certificate for each site? | | |
|--|--------|--------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Site 1 | Site 2 |
| Company Name / Site | | |
| Address | | |
| City: | | |
| Post Code: | | |
| Country: | | |

| OTHER INFORMATION | |
|--|--|
| Do you require a quotation for a Pre-assessment Audit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date Pre-assessment required (if applicable): | |
| Is this a transfer from another certification body? Please provide details: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |
| Does your Company work shifts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How long have you been operating your Quality System? | |
| Target Assessment date | |

| Products / Certificates: |
|--|
| Please indicate the applicable certificates to be included in the QAR / Permit Schedule. |
| |

| PROCESSES: |
|---|
| Please describe the technical processes used in manufacturing your products or supplying your services. |
| |

| PROCESSES: |
|--|
| Please also include details of subcontractors used to carry out technical processes. |
| |





Part B: DOCUMENTATION / QUALITY MANAGEMENT SYSTEM

Are the following included with your application? (some of these may be requested at a later stage)

Existing Certification Body Certificate (QAR, permit etc.) Yes No

Please include QAR / Permit Number: _____

ISO 9001 certificate (as applicable) Yes No

Certificates of product/components to be covered by Quality System (QAR, permit etc.) Yes No





Part C: UNDERTAKING

I/We confirm that I/we have read, understood, agree and undertake to abide by the Rules and Procedures of MASC / IECEx, as outlined in MASC Standard Terms and Conditions / IECEx 02 and the technical standard for the product that the 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 above.

The applicant agrees to supply any information required for the service.

The undersigned declare(s) that he is fully conversant with and intend(s) that the organization complies with the provisions of the general and specific conditions under which MASC issues a permit to apply for the certification mark.

The undersigned declare(s) that he is properly authorized to make this application and to bind the applicant/organization legally to the conditions of the relevant regulators and of the MASC Mark Scheme legally.

The undersigned hereby choose(s) the above organization/premises address as *domicilium citandi et executand*.

Invoicing

I agree to pay all costs, as agreed, incurred in carrying out the above work and will accept progressive invoices for such costs in accordance with MASC quotation(s).

Address for forwarding invoice: _____

Accounts payable contact: _____

Phone _____ Fax: _____

Certificate to be sent to: Name: _____

Address: _____

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: _____

The undersigned undertake(s) to inform MASC of any changes to any of the above information in writing, by registered mail or fax, without delay.

* 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 (manufacturer), then a letter from the intended Certificate holder shall be attached.





SCHEDULE – List of products to be included in QAR / Mark Scheme.

| # | Product Description | Marking | Technique | Test Rep no. | Certificate No. | Issue date | Expiry date |
|----|---------------------|---------|-----------|--------------|-----------------|------------|-------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
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| 13 | | | | | | | |

