



MASC APPLICATION FORM

TEST AND CERTIFICATION

DO YOU REQUIRE MASC TO ISSUE: (TICK WHERE APPLICABLE)

1. TYPE CERTIFICATE:

Equipment Component System Variation Review
Documentation

2. ASSESSMENT / TEST REPORT:

Yes No

Do you require a free initial meeting (up to 30 minutes)? Yes No

Estimated date by which certificate / report is required? _____

Budgetary Estimate quote (Fixed price quotation must be requested before work begins) Yes No

Fixed price quote (All relevant sections of this form must be completed fully) Yes No

PART A: APPLICANT INFORMATION		
Technical 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:		
If the applicant is not the manufacturer, evidence is to be provided that the applicant is authorized to act on behalf / use documentation of the manufacturer for the application.		
Manufacturer location(s) (if different from applicant):		
Manufacturing company:		Phone:
Address:		Fax:
City:	Post Code:	Country:
Contact Person:		
Position:	Email Address:	

/ . Part B...



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Part B: PRODUCT INFORMATION AND CERTIFICATES OF CONFORMITY

1. Existing Certificate(s): List certificate numbers and attach a copy of any Certificate(s) already held for the product or product series. (If first Certificate required, go to 2.)

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

3. Type of Protection required:
(Tick in the appropriate block(s))

IP Rating:

d	e	ia	ib	ic	m	n	p	s	V	DIP	Safe Area	IP	As tested

Standards (IEC / SANS / other):

4. Hazardous Area:

5. Equipment Group:

6. Temperature Class:

Zone 0		I		T1	
Zone 1		IIA		T2	
Zone 2		IIB		T3	
Zone 20		IIC		T4	
Zone 21		II		T5	
Zone 22				T6	
				As Tested	

Default Tamb (-20°C to +40°C) Yes No If no, indicate range:

7. List of Drawings:

(Titles to be shown as in the title block. Please supply in electronic form or attach drawing list)

8. At what stages is the product? Fully designed In production Already certified

9. Are samples being supplied with this application? Yes No

If yes, are the samples to be returned or destroyed, following completion or rejection of this quotation?
(Not for MASC account) Return* Destroy

* Please advise:

10. Please state any additional information, which may be relevant to this application. If necessary attach additional sheets.

/ . Part C...



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Part C: DOCUMENTATION / QUALITY MANAGEMENT SYSTEM

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

- Operating / service manuals** Yes No
Sales literature Yes No
Drawings Yes No
Previous test results Yes No
Certificates of product/components incorporated into your product Yes No

11. Is there an existing Ex Quality scheme / Mark scheme associated with the submitted product? Yes No

OR
Is the equipment going to be batch tested? Yes No

Part D: UNDERTAKING

I / we confirm that I/we have read, understood, agree and undertake to abide by the Rules and Procedures of MASC, as outlined in MASC standard terms and conditions. Further we confirm that the product now submitted for certification was designed to comply with the requirements of the Standards outlined in Part B of this application.

TYPE TESTING

I hereby request MASC to examine and test the equipment described in the application above for compliance with the specified Standard(s).

Where the application includes reference to options, variations, or more than one model or type, I request MASC to examine and report on the effect of such options, variations or different models with respect to the requirements of the Standard or Standards.

I accept that damage may occur to the equipment as a result of the testing / evaluation carried out. MASC take no liability for any damage.

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...



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Address for forwarding invoice:
(If different from page 1)

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:

* 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.