



MASC Mining And Surface Certification

Office Use: Reference (Quote / Estimate) _____

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APPLICATION FORM (Test and certification)

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 orsmond@ Masc-ex.co.za for help in completing this form.

**Please send the completed form by email to orsmond@ Masc-ex.co.za or viljoen@ Masc-ex.co.za.
Alternatively, fax it to 086 560 1898.**

Tick where applicable

1) Quotation / General:

- Budgetary Estimate Yes No
(Fixed price quotation must be requested before work begins)
- Quotation Yes No
(All relevant sections of this form must be completed fully)
- Do you require a free initial meeting? Yes No
(up to 30 minutes)

2) Scheme:

- South African (IA) certificate: SANAS Accredited Non-SANAS
- IECEX
- ATEX
- ANZEx
- MSHA

3) Alternative markets

Is there any specific country / market you are entering? _____

Are you aware of the National Differences (IECEX)? Yes No

Do you require any specific testing for National Differences? Yes No

Please provide details:

4) Type Certificate:

Equipment Component System Variation / Supplementary

5) Assessment / Test Report:

Is a report required in addition to the certificate? Yes No

Mining And Surface Certification Pty (Ltd) Reg No: 2015/021934/07

Directors: Roelof Viljoen & Francoius du Toit

Unit #5, Lelyta Park, 45 Jurg Avenue, Hennospark Ext 87, Centurion, 0157 ♦ P.O. Box 14344, Clubview, 0014

Tell: 012 653 7594 ♦ Fax: 086 560 1898

e-mail: viljoen@ Masc-ex.co.za / orsmond@ Masc-ex.co.za



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6) 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	

7) Estimated date by which certificate / report is required? (per certificate)

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:

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. The Relationship to the Manufacturer should be nominated.

Manufacturer location(s):

(if different from applicant)

Manufacturing company:

Phone:

Address:

Fax:

City:

Post Code:

Country:

Contact Person:

Position:

Email Address:

* The responsibilities of the manufacturer apply to any person who assembles, packs, processes or labels ready-made products with a view to them being placed on the market under his own name. Therefore, the responsibility for compliance rests with whosoever

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appears on the product label as "the manufacturer" irrespective of whether this is the Original Equipment Manufacturer, assembler or labeller.

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.

2. Description of Equipment:

This will become the title of your Test Report and Certificate. It should include all options/Model name or number / variations to be covered.

3. Type of Protection required:

(Tick in the appropriate block(s) or provide applicable information)

EPL: Ga Gb Gc Ma Mb

Required	Ex Technique	Sub Category	Standard		Edition (Ed)	
<input type="checkbox"/>	General Requirements	/	SANS <input type="checkbox"/>	60079-0	Latest <input type="checkbox"/>	
			IEC <input type="checkbox"/>		Other <input type="checkbox"/>	Ed _____
			Other <input type="checkbox"/>		_____	Ed _____
<input type="checkbox"/>	Flameproof d	/	SANS <input type="checkbox"/>	60079-1	Latest <input type="checkbox"/>	
			IEC <input type="checkbox"/>		Other <input type="checkbox"/>	Ed _____
			Other <input type="checkbox"/>		_____	Ed _____
<input type="checkbox"/>	Pressurization p	pX <input type="checkbox"/>	SANS <input type="checkbox"/>	60079-2	Latest <input type="checkbox"/>	
		pY <input type="checkbox"/>	IEC <input type="checkbox"/>		Other <input type="checkbox"/>	Ed _____
		pZ <input type="checkbox"/>	Other <input type="checkbox"/>		_____	Ed _____
<input type="checkbox"/>	Quartz Filling q	/	SANS <input type="checkbox"/>	60079-5	Latest <input type="checkbox"/>	
			IEC <input type="checkbox"/>		Other <input type="checkbox"/>	Ed _____
			Other <input type="checkbox"/>		_____	Ed _____
<input type="checkbox"/>	Increased Safety e	/	SANS <input type="checkbox"/>	60079-7	Latest <input type="checkbox"/>	
			IEC <input type="checkbox"/>		Other <input type="checkbox"/>	Ed _____
			Other <input type="checkbox"/>		_____	Ed _____

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<input type="checkbox"/>	Intrinsic Safety i	ia	<input type="checkbox"/>	SANS	<input type="checkbox"/>	60079-11	Latest	<input type="checkbox"/>	
		ib	<input type="checkbox"/>	IEC	<input type="checkbox"/>		Other	<input type="checkbox"/>	Ed _____
		ic	<input type="checkbox"/>	Other	<input type="checkbox"/>				Ed _____

<input type="checkbox"/>	Non-Sparking n	nA	<input type="checkbox"/>	SANS	<input type="checkbox"/>	60079-15	Latest	<input type="checkbox"/>	
		nC	<input type="checkbox"/>	IEC	<input type="checkbox"/>		Other	<input type="checkbox"/>	Ed _____
		nZ	<input type="checkbox"/>	Other	<input type="checkbox"/>				Ed _____
		nL	<input type="checkbox"/>						
		nR	<input type="checkbox"/>						

<input type="checkbox"/>	Encapsulation m	ma	<input type="checkbox"/>	SANS	<input type="checkbox"/>	60079-18	Latest	<input type="checkbox"/>	
		mb	<input type="checkbox"/>	IEC	<input type="checkbox"/>		Other	<input type="checkbox"/>	Ed _____
		mc	<input type="checkbox"/>	Other	<input type="checkbox"/>				Ed _____

<input type="checkbox"/>	Intrinsically safe electrical systems	ia	<input type="checkbox"/>	SANS	<input type="checkbox"/>	60079-25	Latest	<input type="checkbox"/>	
		ib	<input type="checkbox"/>	IEC	<input type="checkbox"/>		Other	<input type="checkbox"/>	Ed _____
		ic	<input type="checkbox"/>	Other	<input type="checkbox"/>				Ed _____

<input type="checkbox"/>	Double protection			SANS	<input type="checkbox"/>	60079-26	Latest	<input type="checkbox"/>	
				IEC	<input type="checkbox"/>		Other	<input type="checkbox"/>	Ed _____
				Other	<input type="checkbox"/>				Ed _____

<input type="checkbox"/>	Dust Protected t	ta	<input type="checkbox"/>	SANS	<input type="checkbox"/>	60079-31	Latest	<input type="checkbox"/>	
		tb	<input type="checkbox"/>	IEC	<input type="checkbox"/>		Other	<input type="checkbox"/>	Ed _____
		tc	<input type="checkbox"/>	Other	<input type="checkbox"/>				Ed _____

<input type="checkbox"/>	Cap lights (mines)– General Requirements			SANS	<input type="checkbox"/>	60079-35-1	Latest	<input type="checkbox"/>	
				IEC	<input type="checkbox"/>		Other	<input type="checkbox"/>	Ed _____
				Other	<input type="checkbox"/>				Ed _____

<input type="checkbox"/>	Cap lights (mines) –Performance and other safety related matters.			SANS	<input type="checkbox"/>	60079-35-2	Latest	<input type="checkbox"/>	
				IEC	<input type="checkbox"/>		Other	<input type="checkbox"/>	Ed _____



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<input type="checkbox"/>		Other	<input type="checkbox"/>	_____	Ed	_____	
<input type="checkbox"/>		SANS	<input type="checkbox"/>	62013-2	Latest	<input type="checkbox"/>	
		IEC	<input type="checkbox"/>		Other	<input type="checkbox"/>	Ed _____
		Other	<input type="checkbox"/>		_____	Ed	_____
<input type="checkbox"/>	Installations including surface installations on mines.	SANS	<input type="checkbox"/>	10086-1	Latest	<input type="checkbox"/>	
		IEC	<input type="checkbox"/>		Other	<input type="checkbox"/>	Ed _____
		Other	<input type="checkbox"/>		_____	Ed	_____
<input type="checkbox"/>	Electrical equipment installed underground in mines.	SANS	<input type="checkbox"/>	10086-2	Latest	<input type="checkbox"/>	
		IEC	<input type="checkbox"/>		Other	<input type="checkbox"/>	Ed _____
		Other	<input type="checkbox"/>		_____	Ed	_____
<input type="checkbox"/>	Battery operated portable, flammable gas measuring instruments and warning devices.	SANS	<input type="checkbox"/>	1515-1	Latest	<input type="checkbox"/>	
					Other	<input type="checkbox"/>	Ed _____
		Other	<input type="checkbox"/>		_____	Ed	_____
<input type="checkbox"/>	Fixed, transportable, and vehicle-mounted flammable gas measuring and warning sensor heads and instruments.	SANS	<input type="checkbox"/>	1515-2	Latest	<input type="checkbox"/>	
					Other	<input type="checkbox"/>	Ed _____
		Other	<input type="checkbox"/>		_____	Ed	_____
<input type="checkbox"/>	Gas detectors - Performance requirements of detectors for flammable gases	SANS	<input type="checkbox"/>	60079-29-1	Latest	<input type="checkbox"/>	
		IEC	<input type="checkbox"/>		Other	<input type="checkbox"/>	Ed _____
		Other	<input type="checkbox"/>		_____	Ed	_____
<input type="checkbox"/>	Batch Testing	SANS	<input type="checkbox"/>	96	Latest	<input type="checkbox"/>	
					Other	<input type="checkbox"/>	Ed _____
		Other	<input type="checkbox"/>		_____	Ed	_____
<input type="checkbox"/>	Mechanical cable glands.	SANS	<input type="checkbox"/>	1213	Latest	<input type="checkbox"/>	
					Other	<input type="checkbox"/>	Ed _____
		Other	<input type="checkbox"/>		_____	Ed	_____
<input type="checkbox"/>	Electrical apparatus for use in the presence of combustible dust: General	SANS	<input type="checkbox"/>	61241-0	Latest	<input type="checkbox"/>	
		IEC	<input type="checkbox"/>		Other	<input type="checkbox"/>	Ed _____



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	Requirements		Other <input type="checkbox"/>			Ed _____	
<input type="checkbox"/>	Protection by enclosures "tD"	tD 20 <input type="checkbox"/>	SANS <input type="checkbox"/>	61241-1		Latest <input type="checkbox"/>	
		tD 21 <input type="checkbox"/>	IEC <input type="checkbox"/>			Other <input type="checkbox"/> Ed _____	
		tD 22 <input type="checkbox"/>	Other <input type="checkbox"/>			Ed _____	
<input type="checkbox"/>	Protection by intrinsic safety "iD"	iD 20 <input type="checkbox"/>	SANS <input type="checkbox"/>	61241-11		Latest <input type="checkbox"/>	
		iD 21 <input type="checkbox"/>	IEC <input type="checkbox"/>			Other <input type="checkbox"/> Ed _____	
		iD 22 <input type="checkbox"/>	Other <input type="checkbox"/>			Ed _____	
<input type="checkbox"/>	Protection by encapsulation 'mD'	mD 20 <input type="checkbox"/>	SANS <input type="checkbox"/>	61241-18		Latest <input type="checkbox"/>	
		mD 21 <input type="checkbox"/>	IEC <input type="checkbox"/>			Other <input type="checkbox"/> Ed _____	
		mD 22 <input type="checkbox"/>	Other <input type="checkbox"/>			Ed _____	
<input type="checkbox"/>	Degrees of protection provided by enclosure (IP Code)	X	Y	SANS <input type="checkbox"/>	60529 *		Latest <input type="checkbox"/>
		0 <input type="checkbox"/>	0 <input type="checkbox"/>	IEC <input type="checkbox"/>			Other <input type="checkbox"/> Ed _____
		1 <input type="checkbox"/>	1 <input type="checkbox"/>	Other <input type="checkbox"/>			Ed _____
		2 <input type="checkbox"/>	2 <input type="checkbox"/>				
		3 <input type="checkbox"/>	3 <input type="checkbox"/>				
		4 <input type="checkbox"/>	4 <input type="checkbox"/>				
		5 <input type="checkbox"/>	5 <input type="checkbox"/>				
		6 <input type="checkbox"/>	6 <input type="checkbox"/>				
			7 <input type="checkbox"/>				
			8 <input type="checkbox"/>				

* If IP rating appears on label it must be tested.

4. Hazardous Area:	5. Equipment Group:	6. Temperature Class:
Zone 0	I	150°C
Zone 1	IIA	T1
Zone 2	IIB	T2
Zone 20	IIC	T3
Zone 21	IIIA	T4
Zone 22	IIIB	T5
	IIIC	T6
		As Tested



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7. Tamb: Default Ambient (-20°C to +40°C) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate range: _____	8. Tservice: (e.g. components) _____
9. Ambient pressure range (Standard is 0.8 bar to 1.1 bar) <i>Contact MASC if equipment is used outside the range.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Ratings: Electrical _____ Vac/dc _____ Hz _____ Ph _____ A _____ W _____ kVa	
11. List of Drawings: (Titles to be shown as in the title block. Please supply in electronic form or attach drawing list) 	
12. At what stage is the product? Fully designed <input type="checkbox"/> In production <input type="checkbox"/> Already certified <input type="checkbox"/>	
13. Are samples being supplied with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are the samples to be returned or destroyed, following completion or rejection of this quotation? (Not for MASC account) <input type="checkbox"/> Return* <input type="checkbox"/> Destroy * Please advise method and address:	
14. Please state any additional information, which may be relevant to this application. If necessary attach additional sheets. 	



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Part C: DOCUMENTATION / QUALITY MANAGEMENT SYSTEM

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

Operating / service manuals / Instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sales literature	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drawings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous test results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificates of product/components incorporated into your product	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Please indicate existing Ex Quality scheme / Mark scheme / QAR / QAN number:

OR

Is the equipment going to be batch tested / unit verification Yes No

- If MASC is to audit the facilities, please complete the audit application form.

Part D: 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 Part B.

Type Testing

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

The applicant agrees to supply any information required for the service / evaluation of products.

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 or loss.

After the tests are completed and the final report and certificate have been delivered to the applicant / manufacturer, the client shall make suitable arrangements to have the samples returned to them within one month of project completion / certification.

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