



# Mining and Surface Certification

## International Certification Services (ICS)

### 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 (0)12 653 7594 or [orsmond@masc-ex.co.za](mailto:orsmond@masc-ex.co.za) for help in completing this form.

Please send the completed form by email to [orsmond@masc-ex.co.za](mailto:orsmond@masc-ex.co.za) or [regardt@masc-ex.co.za](mailto:regardt@masc-ex.co.za).

<b>1. Description of Equipment:</b> <i>This will become the title of your Test Report and Certificate. It should include all options/Model name or number / variations to be covered.</i>				
<b>New project</b>	<input type="checkbox"/> IECEX	<input type="checkbox"/> IECEX / ANZEx * (Specific to Queensland)	<input type="checkbox"/> ATEX *	<input type="checkbox"/> UKCA *
	<input type="checkbox"/> RSA IA Certification	<input type="checkbox"/> Other * (Please provide details)		
<b>Supplementary</b>	<input type="checkbox"/> IECEX	<input type="checkbox"/> IECEX / ANZEx * (Specific to Queensland)	<input type="checkbox"/> ATEX *	<input type="checkbox"/> UKCA *
	<input type="checkbox"/> RSA IA Certification	<input type="checkbox"/> Other * (Please provide details)		
	State existing certificate(s) number			
	Please provide more details regarding the supplementary / changes required:			
<b>Type of approval</b>	<input type="checkbox"/> Equipment	<input type="checkbox"/> Component	<input type="checkbox"/> System	<input type="checkbox"/> Partial testing
	<input type="checkbox"/> Unit Verification	<input type="checkbox"/> Other		

\* Facilitation by MASC

(MASC will handle all communication with the applicable Certification / Notified Body. Please **submit a formal letter giving permission to MASC** to submit all test reports, certificates, drawings etc. to the applicable Body)

#### Alternative markets:

Is there any specific country / market you are entering? Please indicate.		
Are you aware of the National Differences (IECEX)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require any specific testing for National Differences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:		

#### Project Priority / Rating table:

Please mark **ONE** of the following:

<b>Estimated date by which certificate / report is required?</b> (per certificate)		
<input type="checkbox"/> <b>Standard project</b>	Normal pricing. Normal MASC scheduling of project.	Reasonable availability to react / update to MASC feedback (Within two weeks)
<input type="checkbox"/> <b>Price sensitive</b>	MASC scheduling of project might be extended scheduling	Reasonable availability to react / update to MASC feedback (Within two weeks)
<input type="checkbox"/> <b>Quick Turnaround time</b>	Willing to pay additionally	Availability to react / update to MASC feedback (Within one week)

Note: Based on the time it takes personnel to update themselves with the project after significant delays w.r.t. client response, a pick-up fee will be applicable.



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### Part A: Client information

Applicant				
Company Name:				
Physical address: <i>A PO Box number is not allowed on an IECEX certificate</i>				
City:		Country:		Post Code:
Authorized Technical Contact Person:				
Name:		Position:		
Email Address:		Contact No:		
Authorized Financial Contact Person <i>(invoices will be send to this contact):</i>				
Name:		Position:		
Email Address:		Contact No:		
Company Registration No.		VAT No:		

Manufacturer <i>(if different from applicant):</i> <b>Must have a Quality Management System (IECEX QAR)</b>				
Company Name:				
Physical address: <i>A PO Box number is not allowed on an IECEX certificate</i>				
City:		Country:		Post Code:
Authorized Technical Contact Person:				
Name:		Position:		
Email Address:		Contact No:		

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

Please specify requirements for:		Applicant	Manufacturer	Both
Communication channels between MASC / Applicant / Manufacturer:	Technical issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual property between Applicant / Manufacturer <i>Documentation / Drawing requirements w.r.t. Intellectual Property and limitation on which parties may have access to drawings, including stamped drawings.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final documentation to be issued to:	Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stamped drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Written confirmation from Manufacturer required acknowledging the above.*



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### Part B: Product Information and Certificates of Conformity

<b>1. Existing Certificate(s):</b>																
<i>List certificate numbers and attach a copy of any Certificate(s) already held for the product or product series.</i>																
<b>2. Type of Protection required:</b>																
<b>EPL:</b>	Ma	<input type="checkbox"/>	Mb	<input type="checkbox"/>	Ga	<input type="checkbox"/>	Gb	<input type="checkbox"/>	Gc	<input type="checkbox"/>	Da	<input type="checkbox"/>	Db	<input type="checkbox"/>	Dc	<input type="checkbox"/>
General Requirements <b>(60079-0)</b>								Optical radiation ** <b>(60079-28)</b>								
Flameproof enclosures 'd' <b>(60079-1)</b>								op is <input type="checkbox"/> op pr <input type="checkbox"/> op sh <input type="checkbox"/>								
da <input type="checkbox"/> db <input type="checkbox"/> dc <input type="checkbox"/>								Gas detectors ** <b>(60079-29-1)</b>								
Pressurization 'p' ** <b>(60079-2)</b>								Dust Ignition 't' <b>(60079-31)</b>								
pX <input type="checkbox"/> pY <input type="checkbox"/> pZ <input type="checkbox"/>								ta <input type="checkbox"/> tb <input type="checkbox"/> tc <input type="checkbox"/>								
Quartz Filling 'q' <b>(60079-5)</b>								Special protection 's' ** (Note 1) <b>(60079-33)</b>								
Increased Safety 'e' <b>(60079-7)</b>								Sa <input type="checkbox"/> Sb <input type="checkbox"/> sc <input type="checkbox"/>								
eb <input type="checkbox"/> ec <input type="checkbox"/>								Cap lights (mines)– General Requirements <b>(60079-35-1)</b>								
Intrinsic safety 'i' <b>(60079-11)</b>								Cap lights (mines) -Performance and other safety related matters <b>(60079-35-2)</b>								
ia <input type="checkbox"/> ib <input type="checkbox"/> ic <input type="checkbox"/>								Equipment assemblies ** <b>(60079-46)</b>								
Non-Sparking 'n' <b>(60079-15)</b>								Degrees of protection provided by enclosure (IP Code) <b>(60529) *</b>								
nA <input type="checkbox"/> nC <input type="checkbox"/> nZ <input type="checkbox"/> nR <input type="checkbox"/>								X 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>								
Encapsulation 'm' <b>(60079-18)</b>								Y 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>								
ma <input type="checkbox"/> mb <input type="checkbox"/> mc <input type="checkbox"/>								Non-electrical equipment for explosive atmospheres – Basic method and requirements ** (Note 2) <b>(80079-36)</b>								
Intrinsically safe electrical systems <b>(60079-25)</b>								Non-electrical equipment for explosive atmospheres – Basic method and requirements ** (Note 2) <b>(80079-37)</b>								
ia <input type="checkbox"/> ib <input type="checkbox"/> ic <input type="checkbox"/>																
Double protection <b>(60079-26)</b>																

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

\*\* Scope extension required. Project may be delayed.

Note 1: A draft ignition hazard assessment in accordance with Clause 9 of IEC 60079-33 and a draft assessment and test specification prepared in accordance with Clause 8 of IEC 60079-33 must be submitted with the application.

Note 2: An ignition hazard assessment in accordance with IEC 80079-36 and -37 must be submitted with the application.

<b>3. Hazardous Area:</b>											
Zone 0	<input type="checkbox"/>	Zone 1	<input type="checkbox"/>	Zone 2	<input type="checkbox"/>	Zone 20	<input type="checkbox"/>	Zone 21	<input type="checkbox"/>	Zone 22	<input type="checkbox"/>



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<b>4. Equipment Group:</b>													
I	<input type="checkbox"/>	IIA	<input type="checkbox"/>	IIB	<input type="checkbox"/>	IIC	<input type="checkbox"/>	IIIA	<input type="checkbox"/>	IIIB	<input type="checkbox"/>	IIIC	<input type="checkbox"/>

<b>5. Temperature Class:</b>															
150°C	<input type="checkbox"/>	T1	<input type="checkbox"/>	T2	<input type="checkbox"/>	T3	<input type="checkbox"/>	T4	<input type="checkbox"/>	T5	<input type="checkbox"/>	T6	<input type="checkbox"/>	As tested	<input type="checkbox"/>

<b>6. Ambient temperature:</b>													
Default Ambient (-20°C to +40°C)	Yes	<input type="checkbox"/>	Other	<input type="checkbox"/>	Please indicate _____								

<b>7. Service temperature (e.g. components):</b>													
Please indicate _____													

<b>8. Ambient pressure range:</b>													
Standard is 0.8 bar to 1.1 bar	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Contact MASC if equipment is used outside the range.								

<b>9. Ratings (Electrical):</b>													
_____ Vac/dc	_____ Hz	_____ Ph	_____ A	_____ W	_____ kVa								

<b>10. At what stage is the product?</b>													
Fully designed	<input type="checkbox"/>	In production	<input type="checkbox"/>	Already certified	<input type="checkbox"/>								

<b>11. Are samples being supplied with this application?:</b>													
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Please confirm sample requirements with MASC beforehand.									

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 method and address:

**Note: All samples not collected at MASC within 4 weeks after final certification will be discarded.**

<b>12. Please state any additional information, which may be relevant to this application. If necessary attach additional sheets.</b>													

### Part C: Documentation / Quality Management System

<b>1. Is the following included with your application?</b> (some of these may be requested at a later stage)				
Operating / service manuals / Instructions (According to Clause 30 of IEC 60079-0)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Drawings	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Previous test results	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Certificates of product/components incorporated into your product	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sales literature	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<b>2. QMS / Unit verification</b>				
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IECEX QAR	Yes	<input type="checkbox"/>	Indicate number	_____			
	No	<input type="checkbox"/>	Separate quote required *	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unit verification	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
	If yes, please indicate amount of samples / serial numbers of all units						

\* 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.

### 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).

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:

\_\_\_\_\_



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- \* Person signing on behalf of applicant / manufacturer shall be an authorized company representative.
- \* **If the 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.**
- \* By signing this application form, the Authorized person provides consent to the processing of personal information provided to MASC with the understanding that MASC is committed to the Protection of Personal Information Act (Act Number 4 of 2013) (POPIA) that regulates and controls the processing of Personal Information and that MASC has taken appropriate and reasonable measures to safeguard any personal information submitted.

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

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