



APPLICATION FORM – QUALITY ASSURANCE REPORT (QAN)

1. Company Information

REQUIREMENT:	<input type="checkbox"/> QUOTATION	<input type="checkbox"/> ORDER	FOR:	<input type="checkbox"/> ATEX QAN
Product Examination Procedure	<input type="checkbox"/> Conformity to type based on quality assurance of the production process - Module D <input type="checkbox"/> Conformity to type based on product quality assurance - Module E <input type="checkbox"/> Internal production control (No EU type examination)			
Applicant's name:				
Applicant's address:				
Contact Person Name:				
Telephone number:				
Mobile number:				
Email address:				
Order number (if applicable):				
Agent name:				
Agent address:				
Contact Person Name:				
Contact number:				
Email address:				
Order number (if applicable):				
Address at which the activity takes place: <i>(Note: A separate application is required for each address)</i>				
Number of staff employed at above address:				
Number of staff at above mentioned address involved in activities related to manufacture of Ex equipment:				
Have consultancy services been used for the management systems to be audited?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, by whom _____			

2. Nature of activity:

(Please tick the appropriate box. Where the activity varies for different certificates, it will be necessary to annotate each certificate number when listed)

1. Design, manufacture and distribution of the finished product.
2. Holder of the Type Examination Certificate(s) and control over the certified design(s) only. Manufacturer is someone else.
3. Manufacturer of the finished product only. Design is controlled by someone else.

If 2 or 3 are ticked, do you sell and distribute the finished product YES NO

4. Trade agent (appearing to the market as manufacturer but actually selling product made by someone else)

3. List the manufacturing process carried out at the above addressed site:

4. List manufacturing processes or related activities carried out at other sites or by suppliers/subcontractors:



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6. Any further information you would like to provide:

Please note that unless advised otherwise in writing, we will assume that you are in agreement with us sub-contracting work / using of contracted technical experts if required with this application. KL Exert Certification (KLEX) are rendered in accordance with the applicable KL Exert Certification General Terms and Conditions for Certification Services accessible at www.exertcertification.com/media-downloads/. Attention is drawn to the limitations of liability and to the clauses on indemnification and jurisdiction. By signing this document, the client confirms that he/she accepts the applicable KL Exert Certification General Terms and Conditions for Certification Services.

I hereby confirm that I am authorized to make this application on behalf of the company. I/We declare that an application for product certification/QAN of the product listed above has not been lodged with any other notified body.

For:

Signed by:

Signature:

Designation:

Date:

Application review (For KL Exert Certification Use only):	Y	N	NA
Is the scope in the application matching with the scope of services of NB?			
Are all customer requirements clearly understood and differences resolved?			
Availability of manpower / resources to meet the needs of the project?			
Has the QMS Certificate been received from the customer?			
Does the manufacturing location and scope of the QMS Certificate match that of the site to be inspected / audited?			
Name:	Date:	Signature:	

Audit program (For KL Exert Certification Use only):			
Number of audit sites	1:	2:	3:



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Number of protection concepts			
Manpower			
Manufacturer type (Type A / B)			
Number of days for document review			
Number of audit days			
Additional consideration for complexity of QMS, geographical locations, risk associated with products, language, etc.			
Surveillance audit period			
QAN validity			
Name:	Date:	Signature:	
For KL Exert Certification Use only:			
Project No:	Date:	Signature:	