



EPIL

Document Code: CBF-702-06  
Document version: 01  
Revision Date: 2025 April 05  
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IECEX Request Form

Product for use in potentially Explosive Atmosphere

1 Applicant and contact information

<b>1.0 Applicant</b>	The applicant that places the order with EPIL can also be a consultant/representative who has a power of attorney that shall be supplied with the application. The applicant will receive the certificate and/or test report.		
Name:		Contact person:	
City:		E-mail:	
Country:		Website:	
Address:		Phone:	
		Fax:	
<b>1.1 Manufacturer</b>	The responsible manufacturer (name that will appear on marking label, instructions, etc.)		
Name:	Complete if different from the applicant.		Contact person:
City:		E-mail:	
Country:		Website:	
Address:		Phone:	Fax:

2 IECEX Certificate

<input type="checkbox"/> Ex Certificate of Conformity
<input type="checkbox"/> Ex Unit Verification
<input type="checkbox"/> ExTR
<input type="checkbox"/> Ex QAR
<input type="checkbox"/> Updating of current certificate -Cert. No:

3 Product Information

<b>Type of protection</b>			
Product	<input type="checkbox"/> Equipment	<input type="checkbox"/> Component	
Equipment/Apparatus group:	<input type="checkbox"/> I (mining)	<input type="checkbox"/> II (explosive gas atmosphere)	<input type="checkbox"/> III (explosive dust atmosphere)
<b>Harmonized standards applied (must be according to the latest list of harmonized standards for Ex):</b>			
<input type="checkbox"/> IEC 60079-0 - General requirements <input type="checkbox"/> IEC 60079-01 "d" - flameproof enclosures <input type="checkbox"/> IEC 60079-07 "e" - increased safety <input type="checkbox"/> IEC 60079-11 "i" - intrinsic safety <input type="checkbox"/> IEC 60079-18 "m" - encapsulation <input type="checkbox"/> IEC 60079-28 - optical radiation <input type="checkbox"/> IEC 60079-31 "t" - dust ignition protection by enclosure			
Requested Ex-marking e.g. Ex ia IIC T6			
Ambient temperature		Body Material	
Ingress of protection (IP) code:		Rated Power	
Product Name		Battery Included	<input type="checkbox"/> Yes <input type="checkbox"/> No
Model (s)		Window	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dimension (w×l×h) mm:		Hand-held (Portable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
End user of product (facilities, industries, person, etc.)	Company: Insert Company Name		
	Contact Person: Insert Contact Person Information		



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**4 Quality Management System**

List of Test Reports	Insert the test report number(s)	
Number of Employees	Factory 1: Total Number      , Ex related Number	Factory 2 (if any) Total Number      , Ex related Number
Outsourcing/Subcontracting activity	Description: Insert the description of the activity	
	Company: Insert Company Name	
	Address: Insert Company Address	
<b>ISO 9001 certificate</b>		
The CB Name:	Insert the CB name	
The Certificate Number:	Insert the current ISO 9001 certificate number	
The validity date:	Insert the ISO 9001 certificate validity date	

*The information supplied above will be used to provide you with a quotation according to type 5 of ISO IEC 17065 certification. This quotation is totally dependent upon the information given above.*

<i>Name</i>	<i>Signature</i>	<i>Position</i>	<i>Date</i>

For support, kindly send completed and signed copy of this form to [ex@eepil.com](mailto:ex@eepil.com)