



Mining and Surface Certification International Certification Services (ICS)

Office Use: Reference (Quote / Estimate) _____

CB_QMS_SD_03 / Rev 09 / 2021-12-01 / Page 1 of 7

APPLICATION FORM (Audit / Quality)

Please complete all relevant sections of this document. The information is required so that MASC can accurately assess the type and cost of certification. Contact us on +27 (0)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

For Manufacture (QAR), please complete:	
- Scheme	<input type="checkbox"/>
- Section 1	<input type="checkbox"/>
- Section 2	<input type="checkbox"/>
- Section 4 to 7	<input type="checkbox"/>

For Repair (FAR), please complete:	
- Scheme	<input type="checkbox"/>
- Section 1	<input type="checkbox"/>
- Section 3	<input type="checkbox"/>
- Section 4 to 6	<input type="checkbox"/>

Scheme:

A. Manufacture (Quality Assessment Report):

(Requirements to IEC 80079-34 and the applicable Ex technique standard will be audited)

IECEx (QAR) ATEX (QAN) * UKQAN *

* MASC can assist with the submission / facilitation for an ATEX QAN / UKQAN based on submission of a valid MASC QAR report to the different bodies. This will be quoted separately if applicable.

B. Repair (Facility Audit Report)

(Requirements to IECEx OD 314-5 (Quality system) and IEC 60079-19 / OD 315-5 (technical requirements) will be audited)

IECEx (FAR)

Section 1: General

1. Type of Application:

New Application Additional Ex Technique Change of Premises
Change of Ownership Additional Products

2. Project Priority / Rating table:

Please mark **ONE** of the following:

Standard project	Normal pricing. Normal MASC scheduling of project.	Reasonable availability to react / update to MASC feedback (Within two weeks)	
Price sensitive	MASC scheduling of project might be extended scheduling	Reasonable availability to react / update to MASC feedback (Within two weeks)	
Quick Turnaround time	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.



Mining and Surface Certification

International Certification Services (ICS)

Office Use: Reference (Quote / Estimate) _____

CB_QMS_SD_03 / Rev 09 / 2021-12-01 / Page 2 of 7

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:

ISO 9001

Yes

No

Certification Body:

Quality Manual submitted as part of application

Yes

No

OTHER INFORMATION

Do you require a quotation for a Pre-assessment Audit?

Yes

No

Date Pre-assessment required (if applicable):

Is this a transfer from another certification body?

Please provide details:

Yes

No

Does your Company work shifts?

Yes

No

How long have you been operating your Quality System?

Target Assessment date

Employees:

Total:

Total involved Ex products:



Mining and Surface Certification

International Certification Services (ICS)

Office Use: Reference (Quote / Estimate) _____

CB_QMS_SD_03 / Rev 09 / 2021-12-01 / Page 3 of 7

Section 2: Manufacture specific details required

If more than one location, do you want an individual assessment and certificate for each site?
If more than two sites are applicable, please use a separate sheet to list all the sites.

Yes No

	Site 1	Site 2
Company Name / Site		
Address		
City:		
Post Code:		
Country:		

PROCESSES:

1. Describe the technical processes used in manufacturing your product(s) or supplying your services.

2. Include details of subcontractors used to carry out technical processes. Alternatively, please attach a list of subcontractors.

Subcontractor:	Critical Item supplied by them:

Products / Certificates:

Indicate the applicable certificates to be included in the QAR / Permit Schedule.

Please use sheet 7 for full details required. Alternatively, please attach the full set of reports and certificates and send with the application form to MASC.

Required Scope of Certification / Standards applicable:

Flameproof (d)	<input type="checkbox"/>	Pressurization (p) *	<input type="checkbox"/>	Quartz Filling (q) *	<input type="checkbox"/>
Increased Safety (e)	<input type="checkbox"/>	Intrinsic Safety (i)	<input type="checkbox"/>	Non-sparking (n)	<input type="checkbox"/>
Encapsulation (m)	<input type="checkbox"/>	Intrinsically safe electrical systems	<input type="checkbox"/>	Double protection	<input type="checkbox"/>
Optical Radiation	<input type="checkbox"/>	Gas sensing equipment SANS (1515-1/2 & IEC 60079-29-1) *	<input type="checkbox"/>	Dust ignition proof (t)	<input type="checkbox"/>
Special protection (s)	<input type="checkbox"/>	Cap Lamps (IEC 60079-35-1/2)	<input type="checkbox"/>	Equipment assemblies (TS 60079-46)	<input type="checkbox"/>
Ingress protection (IP)	<input type="checkbox"/>	Non-Electrical equipment (80079-36/37)		Mechanical cable glands (SANS 1213)	<input type="checkbox"/>
Other (Please provide details)	<input type="checkbox"/>				

Type of Products:



Mining and Surface Certification

International Certification Services (ICS)

Office Use: Reference (Quote / Estimate) _____

CB_QMS_SD_03 / Rev 09 / 2021-12-01 / Page 4 of 7

Section 3: Repair specific details required

If more than one location, do you want an individual assessment and certificate for each site?
Note: For repair facilities, each site MUST have their own assessment and separate FAR to be issued. If more than two sites are applicable, please use a separate sheet to list all the sites.

Yes No

	Site 1	Site 2
Company Name / Site		
Address		
City:		
Post Code:		
Country:		

PROCESSES:

1. Describe the technical processes used in repairing your product(s) or supplying your services.

2. Include details of subcontractors used to carry out technical processes. Alternatively, please attach a list of subcontractors.

Subcontractor:	Critical Item supplied by them:

Service facility details:

Please supply a short history, description and any other relevant information of the Service facility

Competence / Capability:

1. Please indicate competence of responsible persons and operatives

2. Identification of testing and measurement capabilities



Mining and Surface Certification

International Certification Services (ICS)

Office Use: Reference (Quote / Estimate) _____

CB_QMS_SD_03 / Rev 09 / 2021-12-01 / Page 5 of 7

Required protection technique and Scope of Work to be covered:			
Flameproof (d)	<input type="checkbox"/>	Pressurization (p) *	<input type="checkbox"/>
Increased Safety (e)	<input type="checkbox"/>	Intrinsic Safety (i)	<input type="checkbox"/>
Encapsulation (m)	<input type="checkbox"/>	Intrinsically safe electrical systems	<input type="checkbox"/>
Optical Radiation	<input type="checkbox"/>	Gas sensing equipment SANS (1515-1/2 & IEC 60079-29-1) *	<input type="checkbox"/>
Special protection (s)	<input type="checkbox"/>	Cap Lamps (IEC 60079-35-1/2)	<input type="checkbox"/>
Ingress protection (IP)	<input type="checkbox"/>	Non-Electrical equipment (80079-36/37)	<input type="checkbox"/>
Quartz Filling (q) *	<input type="checkbox"/>	Double protection	<input type="checkbox"/>
Non-sparking (n)	<input type="checkbox"/>	Dust ignition proof (t)	<input type="checkbox"/>
Other (Please provide details)	<input type="checkbox"/>	Equipment assemblies (TS 60079-46)	<input type="checkbox"/>
		Mechanical cable glands (SANS 1213)	<input type="checkbox"/>

Type of Products:

Section 4: Documentation / Quality Management System

Are the following included with your application? (Some of these may be requested at a later stage)		
<ul style="list-style-type: none"> Existing Certification Body Certificate (QAR, FAR) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please indicate the QAR / FAR number: _____		
<ul style="list-style-type: none"> ISO 9001 certificate (as applicable) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> Certificates of product/components to be covered by Quality System (QAR, FAR etc.) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 5: 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 IECEx 03-5 and the technical standard for the product that the manufacturer / repairer shall be bound by these rules and procedures; that the manufacturer / repairer 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 above.

The applicant agrees to supply any information required for the service.

The undersigned declare(s) that he / she is fully conversant with and intend(s) that the organization complies with the provisions of the general and specific conditions under which MASC issues a permit to apply for the certification mark.

The undersigned declare(s) that he / she is properly authorized to make this application and to bind the applicant/organization legally to the conditions of the relevant regulators and of the MASC Equipment and Services scheme(s) legally.

The undersigned hereby choose(s) the above organization/premises address as *Domicilium cintandi et executandi*.



Mining and Surface Certification International Certification Services (ICS)

Office Use: Reference (Quote / Estimate) _____

CB_QMS_SD_03 / Rev 09 / 2021-12-01 / Page 6 of 7

Section 6: 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: _____

Report to be sent to: Name: _____
Address: _____

Signed for and on behalf of applicant:

(Signature of Authorized Person)* _____

(Name and title in BLOCK LETTERS) _____

Date: _____

- * The undersigned undertake(s) to inform MASC of any changes to any of the above information in writing, by registered mail or fax, without delay.
- * 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.
- * 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.



Mining and Surface Certification

International Certification Services (ICS)

Office Use: Reference (Quote / Estimate) _____

CB_QMS_SD_03 / Rev 05 / 2015-01-07 / Page 7 of 7

Section 7: Product list

#	Product Description	Marking	Standards(s)	Test Rep no.	Certificate No.	Issue No.	Issue date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							