



APPLICATION FORM (Mark Scheme)

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 (01)12 653 7594 or tonym@masc-ex.co.za for help in completing this form.

Please send the completed form by email to tonym@masc-ex.co.za

For Manufacture, please complete		For Repairs, please complete	
Part A		Part A	
Part B		Part B	
Part C		Part D	
Part E to G		Part E and F	

Part A: SCHEME

(Tick ✓ where applicable)

1. Scheme:

- Manufacture Permit
- Repair Permit
- ISO 9001 Certificate

2. Type of Application:

- | | | |
|--|--|---|
| New Application <input type="checkbox"/> | Additional Ex Technique <input type="checkbox"/> | Change of Premises <input type="checkbox"/> |
| Change of Ownership <input type="checkbox"/> | Add more products <input type="checkbox"/> | Transfer of CB <input type="checkbox"/> |

3. Project Priority / Rating table:

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	Willing to pay additionally	Availability to react / update to MASC feedback (within one week)



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MASC Mark Scheme And Training (Pty) Ltd Reg No: 2018/368042/07

Director: Roelof Viljoen

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

Tel: 012 653 2959 ♦ Fax: 086 605 8568

Website: masc-ex.com / e-mail: info@masc-ex.co.za



Office Use: Reference (Quote / Estimate) _____

Part B: 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/Stage 1 assessment? Yes No

Date Pre-assessment/ Stage 1 required (if applicable):

Is this a transfer from another certification body? Yes No
Please provide details:

Does your Company work shifts? Yes No

How long have you been operating your Quality System?

Target Assessment date

Does your company require a MASC Mark Scheme flag? (At additional cost) Yes No

Did your company seek consultancy work on your QMS Yes No

If yes, who provided the consultation work.

Employees:

Total:

Total involved Ex products:



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Part C: MASC Manufacture Permit

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 separate sheet to list all the sites.

Yes No

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

Required Scope of Certification / Standards applicable:

Ex technique		Ex technique	
Flameproof (d)	<input type="checkbox"/>	Sand filling (q)	<input type="checkbox"/>
Intrinsic Safety (i)	<input type="checkbox"/>	Encapsulation (m)	<input type="checkbox"/>
Increased Safety (e)	<input type="checkbox"/>	Double protection	<input type="checkbox"/>
Non-sparking (n)	<input type="checkbox"/>	Cap Lamps (SANS/IEC 60079-35-1/2 / SANS 1438)	<input type="checkbox"/>
Pressurization (p)	<input type="checkbox"/>	Gas sensing equipment (SANS1515-1/2 & IEC 60079-29-1)	<input type="checkbox"/>
Dust ignition proof (t, DIP,tD)	<input type="checkbox"/>	Mechanical cable glands (SANS 1213)	<input type="checkbox"/>
Ingress protection (IP)	<input type="checkbox"/>	Flameproof plugs and sockets (SANS 1489)	<input type="checkbox"/>
Conveyor Belts (SANS 968 / 971 / 1174 / 1366)	<input type="checkbox"/>	Other (Please provide details)	<input type="checkbox"/>

Other:

Type of Products:



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PROCESSES:

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

Sub-contractors

Include details of sub-contractors used to carry out technical processes. Alternatively, attach a list of critical suppliers and sub-contractors.

Sub-Contractor	Critical Item supplied / manufactured

Products / Certificates:

Please indicate the applicable certificates to be included in the Permit Schedule.

Please use sheet on last page for full details. Alternatively, please attach the list of certificates to the application. Please attach a copy of the test reports and IA Certificates for each of the products listed, and send it to MASC.

Part D: MASC Repair Permit

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 separate sheet to list all the sites.

Yes No

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



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Required Scope of Certification / Standards applicable:

Ex technique		Ex technique	
Flameproof (d)	<input type="checkbox"/>	Sand filling (q)	<input type="checkbox"/>
Intrinsic Safety (i)	<input type="checkbox"/>	Encapsulation (m)	<input type="checkbox"/>
Increased Safety (e)	<input type="checkbox"/>	Double protection	<input type="checkbox"/>
Non-sparking (n)	<input type="checkbox"/>	Cap Lamps (SANS/IEC 60079-35-1/2 / SANS 1438)	<input type="checkbox"/>
Pressurization (p)	<input type="checkbox"/>	Gas sensing equipment (SANS1515-1/2 & IEC 60079-29-1)	<input type="checkbox"/>
Dust ignition proof (t, DIP,tD)	<input type="checkbox"/>	Mechanical cable glands (SANS 1213)	<input type="checkbox"/>
Ingress protection (IP)	<input type="checkbox"/>	Flameproof plugs and sockets (SANS 1489)	<input type="checkbox"/>
Low-voltage re-winds (SANS 10242-1)	<input type="checkbox"/>	Other (Please provide details)	<input type="checkbox"/>

Other:

Type of Products:

PROCESSES:

Describe the technical processes used in repairing your product(s) or supplying your services. Each process described must comply with SANS 60079-19. There must be a documented procedure / work instruction for each process. All processes must be listed on the repair allowance document, to be sent to MASC with the application.



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Sub-contractors

Include details of sub-contractors used to carry out technical processes. Alternatively attach a list of critical suppliers and sub-contractors.

Sub-Contractor	Critical Item supplied / manufactured

Note: Critical sub-contractors may be additionally audited by MASC for compliance to the standards. (Additional costs may apply)

Repair facility details:

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

Competence / Capability:

Please indicate competence of responsible persons and operatives



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Part E: DOCUMENTATION / QUALITY MANAGEMENT SYSTEM

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

Existing Certification Body Certificate (QAR, permit etc.) Yes No

Please include QAR / Permit Number: _____

ISO 9001 certificate (as applicable) Yes No

Certificates of product/components to be covered by Quality System (QAR, permit etc.) Yes No

Note: Please attach copies of the certificates and product list with the application.

Part F: UNDERTAKING

I/we confirm that I/we have read, understood, agree and undertake to abide by the Rules and Procedures of MASC, as outlined in MASC Standard Terms and Conditions / Service provision contract 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 Mark Scheme legally.

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



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Part F: UNDERTAKING

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 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)

Date: _____
(in the case of a Company, Firm, or Partnership)

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.



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PART G: SCHEDULE – List of products to be included in QAR / Mark Scheme.

#	Product Description	Marking	Technique	Test Rep no.	Certificate No.	Issue date	Expiry date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							



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Mining And Surface Certification (Pty) Ltd Reg No: 2011/063302/23

VAT No: 4040261846, Director: Roelof Viljoen

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