APPLICATION FOR Ex SERVICES

☐ New Certificate	☐ IECEx Scheme
☐ Audit Request	☐ ANZEx Scheme
☐ Test Report	☐ ATEX Directive
☐ Change to existing Certificate	State existing Certificate Number:
☐ IP Test	☐ Other services:

PART A

Applicant / Certificate Holder Details:

Name: .....

ABN (if applicable): .....

Street address: ..... City: .....

State/Province: ..... Country: ..... Postal code: .....

Project / Technical Contact Person:

Name: ..... Position/Title: .....

Telephone: ..... Email: .....

Applicant Digital Contact details:

Digital Contact details are used for official communications relating to Ex Certificates of Conformity. A shared organisational email address that is regularly monitored is essential.

Contact Email: .....

If manufacturer is different from the applicant (certificate holder), please complete below:

Name & Address of manufacturer:

Name: .....

Street address: ..... City: .....

State/Province: ..... Country: ..... Postal code: .....

If manufacturing location is different from the manufacturer, please complete below:

Name: .....

Street address: ..... City: .....

State/Province: ..... Country: ..... Postal code: .....

Manufacturer Digital Contact details:

Digital Contact details are used for official communications relating to Quality Assessment Reports. A shared organisational email address that is regularly monitored is essential.

Contact Email: .....

Email the completed application form to: info@extesting.com.au
Ex Testing and Certification Pty Ltd
30 Kennington Drive
Tomago NSW 2322 Australia
Telephone +61 2 4964 5800

This form is identified by its number QMA-HAE-08-120 and date 2026-09-17

PART B (Product information):

1. EQUIPMENT NAME / MODEL

(As shown in "Equipment" on IECEx Certificate. This equipment name will become the title of your Test Report and Certificate of Conformity)

2. EQUIPMENT DESCRIPTION IF NEW / CHANGES REQUESTED / OTHER SERVICES REQUESTED

3. CERTIFICATES OF CONFORMITY (Identify any Ex Certificate of Conformity already held for the product or range)

4. Ex CODE (If known skip 5 and 6)

5. TYPE OF PROTECTION

☐ Flameproof "d" (IEC 60079-1)	☐ Intrinsic Safety "i" (IEC 60079-11)
☐ Increased safety "e" (IEC 60079-7)	☐ Encapsulation "m" (IEC 60079-18)
☐ Protection by enclosure "t" (IEC 60079-31)	☐ Optical Radiation "op" (IEC 60079-28)
☐ Non-sparking "n" (IEC 60079-15)	☐ Pressurisation "p" (IEC 60079-2)
☐ Oil filled enclosures "o" (IEC 60079-6)	☐ Sand filled enclosures "q" (IEC 60079-5)
☐ Pressurised "p" or Ventilated rooms "v" (IEC 60079-13)	☐ Special Protection "s" (IEC 60079-33)
☐ Non-electrical "h" (ISO/IEC 80079-36)	☐ Fuel dispensing (AS/NZS 2229)
☐ Equipment assemblies (IEC 60079-46)	☐ Plugs and Receptacles (AS 1299/AS1300)
☐ Battery operated vehicles (AS1915)	☐ Ingress Protection (IEC 60529)

6. EQUIPMENT PROTECTION LEVEL, ATMOSPHERE GROUP AND TEMPERATURE CLASS

6A. EQUIPMENT PROTECTION LEVEL (EPL)	6B. EQUIPMENT GROUP	6C. TEMPERATURE CLASS
☐ Non-hazardous area		
Coal Mine Group I ☐ Ma Zone 0 ☐ Mb Zone 1	☐ I	150°C
Gas Environment Group II ☐ Ga Zone 0 ☐ Gb Zone 1 ☐ Gc Zone 2	☐ IIA ☐ IIB ☐ IIC	☐ T1 ☐ T2 ☐ T3 ☐ T4 ☐ T5 ☐ T6
Dust Environment Group III ☐ Da Zone 20 ☐ Db Zone 21 ☐ Dc Zone 22	☐ IIIA ☐ IIIB ☐ IIIC	T ____°C

7. AMBIENT TEMPERATURE AND PRESSURE RANGE

☐ (DEFAULT) –20°C/+40°C, 80kPa to 110kPa	☐ Apply the following temperature and pressure range: _____

8. IP RATING TO AS/IEC 60529

IP

9. STANDARD(S) (including editions)

(When this application is for a new certificate the latest edition of the standards are assumed)

10. DECISION RULE TO BE APPLIED

(Where a decision rule has to be applied for interpretation of a Pass, Fail, Compliance or Non-Compliance result)

☐ Apply ExTAG Guide for Application of Uncertainty of Measurement to conformity for laboratory tests carried out under the IECEx System OD 012 and use the indicated value as the true value as "Shared Risk" (DEFAULT) or

☐ Apply the following Decision Rules:

PART C (Quality Management System information)

Not required if the application is for a unit or restricted type of equipment:
If the manufacturer/s has an existing IECEx/ANZEx QAR or ATEX covering the type of protection required for the manufacture of this equipment, write the reference number/s and provide a copy of the report.

☐ Unit Certificate OR QAR Reference number:

PART D (Samples)

All samples must be delivered to the ExTC testing premises by courier or suitable transport, and adequately identified by Job Number.

Samples may be damaged or destroyed during the testing process, and the applicant warrants that such damage will be accepted without reimbursement to the applicant.

After the tests are completed, the applicant shall be informed to make suitable arrangements to have the samples returned to them with all expenses payable by the applicant. If the samples are not picked up within 15 days after job completion, ExTC reserves the right to dispose of the samples and send an invoice for disposal to the applicant.

PART E (Accounts)

Quotes and invoices to be sent to: (if different from applicant):

Company Name: .....

Street: ..... City: .....

State: ..... Country: ..... Postal code: .....

Accounts Department Information:

Contact Name: ..... Position / Title: .....

Telephone: ..... Email: .....

UNDERTAKING:

I/we confirm that I/we have read, understood, agree and undertake to abide by the Rules and Procedures of the Australia and New Zealand Certification System Explosive Atmospheres, as outlined in the ANZEx Equipment Scheme Rules, and/or the IECEx System as outlined in IECEx 02, and/or ATEX as outlined in European Directive 2014/34/EU and Ex Testing and Certification Pty Ltd General Terms & Conditions and Certification Operations Manual. Any changes will be conveyed by information on the website www.extesting.com.au and these form part of the Service Agreement; that the applicant and 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. Communication provided at the Digital contact email address shall be monitored and considered binding.

On behalf of the manufacturer: .....

Signature of Contact Person* .....

Name in BLOCK LETTERS .....

Title or position of Signatory
(in the case of a Company, Firm, or Partnership) .....

Date .....

If application is lodged and signed by a person not directly employed by the manufacturer, then a signed letter of authority from the manufacturer must be provided with the signed application form.