Dear Customer,

We thank you for your interest in QPS services. In order to estimate the scope of work involved and the associated fee, we ask you to kindly complete this form as completely as possible and return it to QPS by email, along with any relevant documentation. The accuracy of the quotation you will receive is based upon the completeness of the information provided in this form, and the information submitted along with it.

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| **For assistance in filling out this Form, please contact the sender of the form or** [**customerservice@qps.ca**](mailto:customerservice@qps.ca)  **After completing this RFQ, please forward it to the sender of the form or** [**customerservice@qps.ca**](mailto:customerservice@qps.ca) |

1. **GENERAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT**: A manufacturer or a person who applies for obtaining certification and will own the certification rights and files for the product in question. | | | |
| **Applicant:** |  | **Contact/Title:** |  |
| **Address**: |  | **Tel:** |  |
| **Mobile:** |  |
| **Email:** |  |
|  | | | |
| **Agent (if applicable):** |  | **Contact/Title:** |  |
| **Address:** |  | **Tel:** |  |
| **Mobile:** |  |
| **Email:** |  |

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| **FACTORY:** The site where final assembly and the required “Production Tests” (as outlined in the Certification Report) are conducted, and the QPS label is applied on complying products. | | | |
| **Factory:** |  | **Contact/Title:** |  |
| **Address**: |  | **Tel:** |  |
| **Mobile:** |  |
| **Email:** |  |
|  | | | |
| **MANUFACTURER:** An organization, situated at one or more stated locations, that carries out or is responsible for controlling the design, manufacture, production, and storage of the product; and whose name may appear on the product. | | | |
| **Manufacturer:** |  | **Contact/Title:** |  |
| **Address**: |  | **Tel:** |  |
| **Mobile:** |  |
| **Email:** |  |

**Note:** If the product is manufactured at multiple facilities, please provide a listing of the additional facility locations.

1. **SERVICE REQUESTED**

Please indicate each of the following service options you want QPS to provide a quote for:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Certification for Canada |  | Certification for the USA |
|  | CB Scheme Test Report & Certificate (Electrical Safety) |  | Testing & Evaluation related to CE Marking |
|  | Energy Efficiency Verification |  | EMC Testing |
|  | Custom Testing |  | Technical Advisory Service (TAS) |

**\*\* For a full description of all of our services please visit our** [**website**](https://www.qps.ca/services/) **\*\***

1. **PREVIOUS CERTIFICATION**

If the product is previously certified by an Accredited Certification Body, please indicate so in the following box and provide the organization’s name and any relevant data such as certificate of compliance, test report, etc.

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1. **PRODUCT INFORMATION**

| **Model Number** | **Product Name and Brief Description** | **Electrical Specifications** | | | | **Encl. Type / IP Rating** | **Boxed Dimensions** | | | **Weight** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Volts** | **Phase** | **Frequency** | **Power (W/A)** | **Length** | **Width** | **Depth** |
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| **NOTE: If more than one model is involved, please provide “engineering” similarity between them, to minimize testing** | | | | | | | | | | |

**1)** Is the product intended for integration with other product(s) during installation at site, to form a “System”? YES  / NO

**2)** Is the product intended for INDOOR  / OUTDOOR  use?

**3)** Any I/O Port/Cable provided: YES  / NO ; if YES, Network  / RS232  / RS484  / UNIBUS  / USB  / Other

**4)** Is Software used for normal operation of the unit: YES  / NO ; if YES, is it meant as a “Safety” feature: YES  / NO

**Documentation:**

1. **Model Numbers** - Include all models to be covered. It is permissible to use general nomenclature for models that are similar but differ cosmetically, or are in low voltage circuitry. (Example: Model 1996XXY, where X is any letter A-Z, and Y is any number 0 to 9.)
2. **Product Description** –Please describe the product briefly but completely, including function, intended use/application, environment for use (outside, outside protected, inside), permanently connected vs. cord connected, etc. Include all options available. Include all accessories available. Copy Sales Brochure/User Manual etc. would be useful.
3. **Electrical Rating** - Ratings for each model. (Use additional pages if necessary)
4. **Block Diagram –** Please provide a Block Diagram on the product/system and electrical wiring diagram/schematics
5. **Other forms of energy associated with the product –** Gas, Laser, Mechanical, Microwave, Solar, Sound, UV, Wind, etc. associated with the equipment

**Critical Components Used:** Please note that critical components used in the construction of the product(s) should be certified by a nationally accredited certification body, and also suitable for the application (i.e. the intended use of the product). If a component is not certified, additional testing may be required at the time of product evaluation to determine compliance and acceptability.

**Standards Used:**

Please list the Standard(s) that the subject product was designed to comply with:

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**Hazards:**

Please provide any information you may have on any possible hazards (examples shown below) that may be associated with the operation of the product, and which may affect the safety of users and operators:

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| --- | --- | --- | --- |
|  | Bio-toxic/hazardous |  | Chemically toxic and/or related |
|  | Ultra-violet |  | High intensity audio/laser/magnetic field |
|  | X-Ray and/or ionizing radiation |  | High pressure |
|  | Explosive/combustible |  | Other (please describe) |

**Description of Hazard:**

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1. **INTENDED USE / END APPLICATION:** Please provide a brief description of the intended use of the product or end installation (i.e. medical device, laboratory use, indoor/outdoor environment, etc.)

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1. **Date when production of the Product(s) is scheduled to begin at the listed Factory(s):** Click or tap to enter a date.

Note: We will endeavor to meet your scheduling needs whenever possible, where the requested completion date cannot be met for any reason, we will inform the customer as soon as possible.

1. **QUALITY SYSTEM AT MANUFACTURING FACILITY/FACTORY**

Note: Applies to new applicants for Canada/US Certification services only

|  |  |
| --- | --- |
| Is there a formal, documented and implemented quality system at the factory? | Yes  No |
| If yes, does the quality system meet the requirements of ISO 9001-2015? | Yes  No |
| If yes, is the quality system currently certified/registered? | Yes  No |
|  | If yes, provide copy of the Certificate, together with a description of the scope of certification. |