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.

|  |
| --- |
| **For assistance in filling out this RFQ Form, please contact our Sales Department at** [**sales@qps.ca**](mailto:sales@qps.ca)  **After completing this RFQ Form, please forward it to our Sales Department at** [**sales@qps.ca**](mailto:sales@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. **DESCRIPTION OF PRODUCT: Expand table or use additional pages if necessary**

| **Model/\*\*Series**  **Designation** | **Production Name & Description:**  **Equipment type, ratings, function, accessories, options, etc.** |
| --- | --- |
|  |  |
|  |  |

**Instructions:**

* **Model Numbers** – Include all models to be covered; it is permissible to use general nomenclature for models that are similar, but differ cosmetically. (Example. Model 1996XXY, where X is any letter A-Z, and Y is any number 0 to 9.)
* **\*\*Series –** for a model seriesplease provide a complete Model Nomenclature Guide.
* **Product Name & Description** – Please provide the product name and include a brief but complete description, including function of product, intended end use/application, environment for use (outside, outside protected, inside), permanently connected vs. cord connected, etc. Include all options, accessories available and applicable electrical ratings for each (Use additional pages if necessary).

**Non-Metallic Materials:**

Does the equipment incorporate any non-metallic materials (enclosures, O-rings, gaskets, cemented joints, etc.) which contribute to the explosion protection?

|  |  |
| --- | --- |
|  | Yes – Please list: |
|  | No |

**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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1. **INTENDED USE / END APPLICATION:** Please provide a brief description of the intended use of the product or end installation.

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1. **SERVICE REQUESTED:** Please indicate each of the following service options you want QPS to provide a quote for:

|  |  |
| --- | --- |
| **North America:** | Certification for:  Canada  USA |
| **IECEx:** | IECEx Test Report (ExTR)  IECEx Certificate  IECEx Unit Verification Certificate  IECEx QAR  IECEx Certificate of Personal Competency |
| **ATEX:** | ATEX Test Report and Type Certificate (for category 3 only)  ATEX EU Type Examination Certificate  ATEX Unit Verification  ATEX Quality Assurance Notification (QAN) |
| **Other Services:** | Custom Testing – MSHA Part 6  Custom Testing  Technical Advisory Service  Note: Please return this form with a description of the service requested via email. For a description of these services, please contact us or visit our [website](https://www.qps.ca/services/) |

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. **EX MARKINGS:**

**What Ex (Hazardous Locations) Markings do you require on your Product?**

* **If you know the complete Ex Markings required, please enter below.**

**\*\*If you are not sure of the complete Ex Markings, please use the checkboxes in Appendix A to indicate the Area Classification(s), Type(s) of Protection, etc., that the equipment is intended for installation in.\*\***

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#### INFORMATION/ DOCUMENTATION - The following will be useful in preparing an accurate quotation for testing/evaluation of the product:

* Description of the product, including all models and accessories
* Model Nomenclature Guide
* General Arrangement and/or Assembly Drawings
* Electrical schematics, board layout, silkscreen mask
* Wiring diagrams
* Installation/User instruction manual
* Copy of existing Certificates and/or test reports issued by other certification body (if applicable)

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

Note: Applies to new applicants 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. |

| **APPENDIX A: Certification Markings** |
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| **North American Certification** |
| **Canada and/USA Certification (Divisions):**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Class I |  | Division 1 |  | Division 2 | Groups | A  B  C  D | |  | Class II |  | Division 1 |  | Division 2 | Groups | E  F  G | |  | Class III |  | Division 1 |  | Division 2 |   **Ambient Temperature**   |  |  |  |  | | --- | --- | --- | --- | |  | Ta=-20°C to +40°C (Standard) OR |  | Ta=      °C to       °C |   **Enclosure Type/IP Rating**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Type 3 |  | Type 4X |  | Type 12 | Other |  | |  | Type 4 |  | Type 6 |  |  | IP |  | |
| **North American Certification (Zones): Canada**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Gas** | **Protection Type** | **Gas Group** | **Temp Code** | **EPL** | | Ex \_\_\_\*  \* Ex Protection Type(s) | d  e  i  op is  nA  nR  p  \_\_\_\_\_ | IIC  IIB+H2  IIB  IIA | T1  T2  T3  T4  T5  T6 | Ga  Gb  Gc |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Dust** | **Protection Type** | **Dust Group** | **Temp Code** | **EPL** | | Ex \_\_\_\*  \* Ex Protection Type(s) | t  i  p  nA | IIIC  IIIB  IIIA | T1  T2  T3  T4  T5  T6 | Da  Db  Dc |   **Ambient Temperature**   |  |  |  |  | | --- | --- | --- | --- | |  | Ta=-20°C to +40°C (Standard) OR |  | Ta=      °C to       °C |   **Enclosure Type/IP Rating**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Type 3 |  | Type 4X |  | Type 12 | Other |  | |  | Type 4 |  | Type 6 |  |  | IP |  | |
| **North American Certification (Zones): USA**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Gas** | **Zones (Frequency of Occurrence)** | **Protection Types** | | **Gas Group** | **Temp Code** | **EPL** | | Class I | Zone 0  Zone 1  Zone 2 | AEx \_\_\_\*  \*Protection Type(s) | d  e  i  op is  nA  nR  p  \_\_\_\_\_ | IIC  IIB+H2  IIB  IIA | T1  T2  T3  T4  T5  T6 | Ga  Gb  Gc |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Dust** | **Zones (Frequency of Occurrence)** | **Protection Types** | | **Dust Group** | **Temp Code** | **EPL** | | (Dust) | Zone 20  Zone 21  Zone 22 | AEx \_\_\_\*  \*Protection Type(s) | t  i  p  nA  \_\_\_\_\_ | IIIC  IIIB  IIIA | T1  T2  T3  T4  T5  T6 | Da  Db  Dc |   **Ambient Temperature**   |  |  |  |  | | --- | --- | --- | --- | |  | Ta=-20°C to +40°C (Standard) OR |  | Ta=      °C to       °C |   **Enclosure Type/IP Rating**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Type 3 |  | Type 4X |  | Type 12 | Other |  | |  | Type 4 |  | Type 6 |  |  | IP |  | |

| **APPENDIX A: Certification Markings** |
| --- |
| **IECEx Certification** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Gas** | **Protection Types** | **Gas Group** | **Temp Code** | **EPL** | | Ex \_\_\_\*  \*Protection Type(s) | d  e  i  op is  nA  nR  p  \_\_\_\_\_ | IIC  IIB+H2  IIB  IIA | T1  T2  T3  T4  T5  T6 | Ga  Gb  Gc |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Dust** | **Protection Types** | **Dust Group** | **Temp Code** | **EPL** | | Ex \_\_\_\*  \*Protection Type(s) | t  i  p  nA | IIIC  IIIB  IIIA | T1  T2  T3  T4  T5  T6 | Da  Db  Dc |   **Ambient Temperature**   |  |  |  |  | | --- | --- | --- | --- | |  | Ta=-20°C to +40°C (Standard) OR |  | Ta=      °C to       °C |   **IP Rating**   |  |  | | --- | --- | | IP |  | |

| **APPENDIX A: Certification Markings** |
| --- |
| **ATEX** |
| **Ignition Hazards:**   |  |  | | --- | --- | |  | Electrical | |  | Mechanical |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Equipment Group** | **Equipment Category** | **Protection Types** | | **Gas Group** | **Temp Code** | **EPL** | | I (Mines) | M1 (Energized Use)  M2 (Non-Energized) | Ex\_\_\_\*  \*Protection Type(s) | d  e  i  op is  nA  nR  p  \_\_\_\_\_ | IIC  IIB+H2  IIB  IIA | T1  T2  T3  T4  T5  T6 | Ga  Gb  Gc | | II (All Others) | 1G (Zone 0)  2G (Zone 1)  3G (Zone 2) |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Equipment Group** | **Equipment Category** | **Protection Types** | | **Dust Group** | **Temp Code** | **EPL** | | Dust | 1D (Zone 20)  2D (Zone 21)  3D (Zone 22) | Ex\_\_\_\*  \*Protection Type(s) | t  i  p  nA  \_\_\_\_\_ | IIIC  IIIB  IIIA | T1  T2  T3  T4  T5  T6 | Da  Db  Dc |   **Ambient Temperature**   |  |  |  |  | | --- | --- | --- | --- | |  | Ta=-20°C to +40°C (Standard) OR |  | Ta=      °C to       °C |   **IP Rating**   |  |  | | --- | --- | | IP |  | |