



HAZARDOUS LOCATION REQUEST FOR QUOTATION INFORMATION PACKAGE

Return this completed form with supporting
attachments to the PTI Account Manager

This form is designed to assist you in providing necessary details concerning your product and certification needs and is key to our application/quotation process. Please check the applicable boxes and provide additional details as necessary.

APPLICANT (Party submitting product for evaluation and testing)

Company Name			
Contact Name			
Phone Number		Fax	
E-mail Address			
Street Address			
City		Province/State	
Postal / ZIP		Country	

MANUFACTURING INFORMATION (If more than 1 factory, please indicate with attached sheets)

☐ Check if same as Applicant

Factory Name			
Contact Name		Phone	
E-mail		Fax	
Address (cannot be PO Box)			
City		Province/State	
Postal / ZIP		Country	

CERTIFICATION / SERVICE REQUIRED: (Please choose all applicable)

<input type="checkbox"/> Preliminary Design Review and Gap Analysis <small>(Recommended for new clients or clients unsure of design compliance or protection method)</small>	
<input type="checkbox"/> North America <input type="checkbox"/> Listing <input type="checkbox"/> Limited Production Certification <input type="checkbox"/> Field Evaluation <input type="checkbox"/> Amendment to existing certificate (Certificate No. _____)	<input type="checkbox"/> Canadian (only) <input type="checkbox"/> United States (only) <input type="checkbox"/> Both Canadian and US
<input type="checkbox"/> IECEX Scheme <input type="checkbox"/> IECEX Certificate of Conformity (CoC) <input type="checkbox"/> IECEX Test Report (ExTR) <input type="checkbox"/> Amendment to existing certificate (Certificate No. _____) <input type="checkbox"/> Unit Verification	
<input type="checkbox"/> ATEX <input type="checkbox"/> EU Type Examination <input type="checkbox"/> Unit Verification <input type="checkbox"/> Amendment to existing certificate (Certificate No. _____)	
<input type="checkbox"/> IECEX, ATEX, and/or NA Quality Assessment of Manufacturer's Quality System <input type="checkbox"/> Initial Audit <input type="checkbox"/> Surveillance Audit (QAN/QAR No. _____) <input type="checkbox"/> ISO 9001:2008 Registered Method of Protection / Concepts: _____	
<input type="checkbox"/> File Transfer (List file #'s or Reports):	



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EQUIPMENT / PRODUCT DESCRIPTION:

Model (differences):

Intended Use: (Sales information, operating instructions, etc may be useful)

Portable <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Indoor Use <input type="checkbox"/> Outdoor Use

If Report Revision or amendments describe changes to existing product:

(If necessary provide attachments)

Hazardous* Classified Location Coding and Method of Protection:

(*Equipment for use in potentially explosive atmospheres)

North American	
Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/>	
Division 1 <input type="checkbox"/> Division 2 <input type="checkbox"/>	
and/or Zone 0 <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 20 <input type="checkbox"/> Zone 21 <input type="checkbox"/> Zone 22 <input type="checkbox"/>	
Group A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/>	
and/or IIC <input type="checkbox"/> IIB+H2 <input type="checkbox"/> IIB <input type="checkbox"/> IIA <input type="checkbox"/> IIIC <input type="checkbox"/> IIIB <input type="checkbox"/> IIIA <input type="checkbox"/>	
Temperature Class/ Code T1 <input type="checkbox"/> T2 <input type="checkbox"/> T2A <input type="checkbox"/> T2B <input type="checkbox"/> T2C <input type="checkbox"/> T2D <input type="checkbox"/> T3 <input type="checkbox"/> T3A <input type="checkbox"/> T3B <input type="checkbox"/> T3C <input type="checkbox"/> T4 <input type="checkbox"/> T4A <input type="checkbox"/> T5 <input type="checkbox"/> T6 <input type="checkbox"/>	Other _____
Ambient Temperature Ta= _____ °C to _____ °C Other _____	
Enclosure Type/IP Type 3 <input type="checkbox"/> Type 4x <input type="checkbox"/> Type 12 <input type="checkbox"/> Type 4 <input type="checkbox"/> Type 6 <input type="checkbox"/>	Other _____ IP _____



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IECEX/ATEX	
ATEX Category I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>	
Zone 0 <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 20 <input type="checkbox"/> Zone 21 <input type="checkbox"/> Zone 22 <input type="checkbox"/>	
Groups: IIC <input type="checkbox"/> IIB+H2 <input type="checkbox"/> IIB <input type="checkbox"/> IIA <input type="checkbox"/> IIIC <input type="checkbox"/> IIIB <input type="checkbox"/> IIIA <input type="checkbox"/>	
Temperature Class/ Code T6 <input type="checkbox"/> T5 <input type="checkbox"/> T4 <input type="checkbox"/> Other _____ T3 <input type="checkbox"/> T2 <input type="checkbox"/> T1 <input type="checkbox"/>	
Ambient Temperature Ta= _____ °C to _____ °C Other _____	
Enclosure Type/IP Type 3 <input type="checkbox"/> Type 4X <input type="checkbox"/> Type 12 <input type="checkbox"/> Other _____ Type 4 <input type="checkbox"/> Type 6 <input type="checkbox"/> IP _____	

Type of Protection	
Electrical <input type="checkbox"/> Flame proof <input type="checkbox"/> Purged / Pressurized <input type="checkbox"/> Oil Immersion <input type="checkbox"/> Increased Safety <input type="checkbox"/> Intrinsically Safe <input type="checkbox"/> Type 'n' (nC, nC, nR) <input type="checkbox"/> Encapsulation <input type="checkbox"/> Optical Radiation <input type="checkbox"/> Dust tight enclosure <input type="checkbox"/> Equipment Assembly (Ex 60079-46)	Non-electrical <input type="checkbox"/> Constructional Safety (c, Ex h) <input type="checkbox"/> Control of ignition source (b, Ex h) <input type="checkbox"/> Pressurized enclosure (p) <input type="checkbox"/> liquid immersion (k, Ex h)

Equipment / Product Ratings:

Electrical Ratings _____ V _____ Hz _____ Ph _____ A _____ W _____ HP _____ kVa
Environmental Ratings: Humidity _____ %, Altitude _____ m, Pressure _____ kPa
Battery Powered: Battery size _____, Pack <input type="checkbox"/> , Single Cell <input type="checkbox"/> , Re-chargeable (secondary) <input type="checkbox"/> , Non Re-chargeable (primary) <input type="checkbox"/>
Type and Manufacturer (list all): _____
Check box if battery is CB/NB approved <input type="checkbox"/>



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PROVIDE THE FOLLOWING FOR QUOTATION: (as available)

<i>Documents provided shall meet IEC OD017, Operational Document – Drawing and documentation Guidance for IECEx Certification IEC OD017</i>
General Description
P&ID (mechanical systems)
Electrical Schematics
Top Level Assembly Drawings
Risk Assessment (Ignition Hazard Assessment, Machinery, Functional, etc.)
Bill of Materials
User Manual
Hazardous Locations Certificate(s), Manufacturer Declaration of Conformity (EU Products)
Intrinsically Safe Type of Protection will require additional documents, listed below:
Color coded voltage maps
Details schematics
Bill of Material with component, type, designation, ratings, and manufacturer
PCB layout (Gerber)/Drawings
Datasheets of Conformal Coatings/Encapsulation

APPLICANT'S SIGNATURE: (Typed shall suffice for electrical submission)

Signature:

Date: