



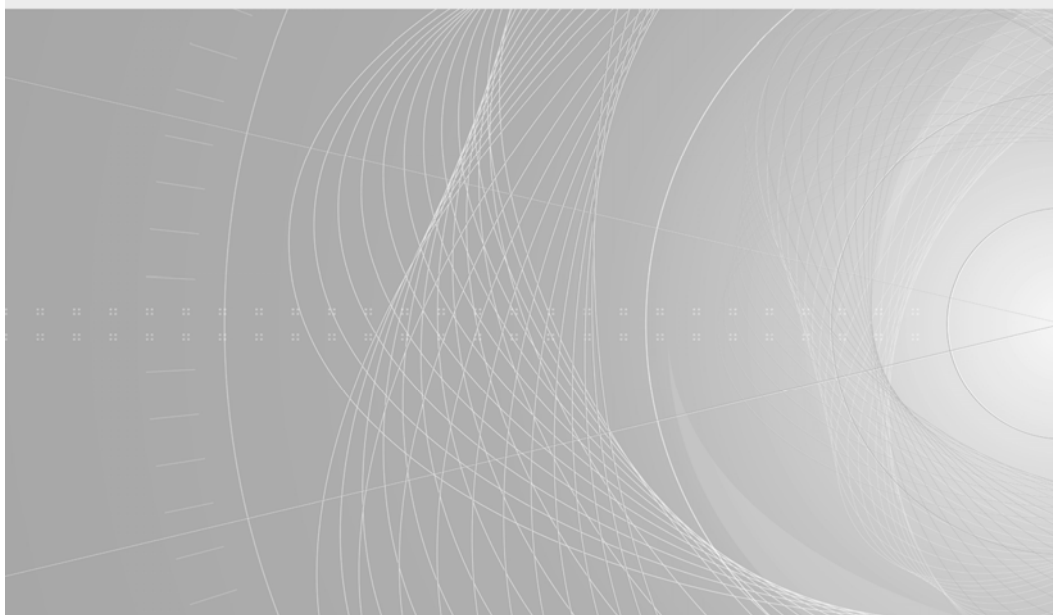
IECEE AD-002

Edition 1.54 2016-06-17-01-05

IECEE ADMINISTRATIVE DOCUMENT

IEC System of Conformity Assessment Schemes for Electrotechnical Equipment and Components (IECEE System)

Peer Order Confirmation Form



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INTERNATIONAL
ELECTROTECHNICAL
COMMISSION

PRICE CODE **ZZ**

Appointed Assessor	Name and Organisation
Appointed as	Choose an item.
Assessment period	YYYY
Appointed by	IECEE Secretariat
Date	

Assessed Organisation(s)

Name	Organisation's name
If CBTL/ACTL, responsible NCB(s)	Organisation's name
Location	Town, Country
Type	Choose an item.
Assessment Type	Initial Assessment (IA) <input type="checkbox"/> Re Assessment (RA) <input type="checkbox"/>
	Scope Extension (SE) <input type="checkbox"/> Follow-up Assessment (FA) <input type="checkbox"/>
	Re-Location Assessment (RLAR) <input type="checkbox"/> QMS Assessment (AAR) <input type="checkbox"/>
	Joint EEPCA Assessment (EEPCA) <input type="checkbox"/> Factory Surveillance (FSS) <input type="checkbox"/>
	Unified Joint Accreditation Body Assessment (AB) <input type="checkbox"/>

Product Categories covered by the assessment

Initial Assessment (IA):
 Re Assessment (RA):
 Scope Extension (SE):
 Re-Location Assessment (RLAR):
 QMS Assessment (AAR):
 Follow-up Assessment (FA):
 Factory Surveillance (FSS):

IMPORTANT INFORMATION:

Assessment Team

Name and Organisation

Confirmation

As the abovementioned appointed assessor, I hereby confirm to be prepared for participating in this assessment. I am well aware of the rules, procedures and guidelines that apply for such assessments and undertake to act accordingly.

[Product Categories I'm technically competent for in relation to this assignment:](#)

Place Date Signature

I have special dietary requirements: No Yes If yes, please specify:

[Note: When returning this form to the Secretariat, please also copy the Lead Assessor](#)

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