IECEE
OPERATIONAL DOCUMENT

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

Application Form National Certification Body (NCB)
FOREWORD

Document Owner

PAC

History of changes

<table>
<thead>
<tr>
<th>Date</th>
<th>Brief summary of changes</th>
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<tbody>
<tr>
<td>2017-05-17</td>
<td>Changes mainly due to ISO/IEC Guide 65 being replaced by ISO/IEC 17065. The following clauses were updated: 3.6, 5.3 and 7.6</td>
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<tr>
<th>Effective date</th>
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<td>2017-05-17</td>
<td>2020-05-17</td>
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Identification

1.1 Name of candidate:

1.2 Address:

1.3 Telephone No.:

e-mail:

1.4 Telefax No.:

1.5 Name of the responsible contact person:

Name of alternate:

1.6 Do you operate your own product testing operations? □ Yes □ No

1.7 Is it ensured that the laboratory does not carry out design or consultancy services on products that are tested within the agreement(s) procedures? □ Yes □ No

Regarding testing, please specify in the particular Application Form for Testing Laboratory(ies) OD-2010 as applicable. 2)

Scope

2.1 IEC standards for which recognition is sought: (to be given in Annex 1B of OD-2004)

2.2 Are these IEC standards fully implemented as national standards in your country? (if not, the differences should be specified in an Annex in such a detail that it may be determined if and how other CB member bodies may arrange for testing of the differences)

1) This form may be used by new candidates as well as for updating of information on existing NCBs, as required. (Ref. item 11A and 11B respectively).

2) For testing operations, reference is made to Application Form for Testing Laboratory OD-2010, which is to be fully or partially completed, depending on whether or not the laboratory is an integral part of the certification body.
3 National status

3.1 Type of organization

☐ Association

☐ Private

☐ Owned by the State

☐ Private, but supported by the Government

☐ Others, specify in 3.2

3.2 Ownership

% % % %

3.3 The status of the Candidate
(expressed in laws, decrees, statutes of association, rules of the procedure, or in other ways)

3.4 Official recognitions and/or designations from the Government and/or authorities and/or other certification schemes.
3. National status (contd.)

3.5 Accreditations or equivalent official recognitions?
(reference and date of accreditation/recognition document)
Please specify:

3.6 The proof of fulfilling ISO/IEC 17065

4. Internal structure and organisation

4.1 Organisation chart
Please enclose

4.2 Total number of persons in the organisation:

4.3 a) Number of persons directly involved in certification of the electrical products for which recognition is sought:

b) Number of persons directly involved in testing of the same:
(where applicable)

c) Number of persons directly involved in factory inspection/surveillance of the same:
(where applicable)

4.4 Education level(s) of persons included in 4.3:

4.5 Name and title of the senior executive of the Certification Body:

4.6 Name and title of the person responsible for the internal quality system:
5. **Experience of national certification**

5.1 Experience of national certification?  
☐ Yes  ☐ No

5.2 Participation in regional and/or international certification activities  
Please specify:

5.3 How many certificates in the electrical field have you issued during the last three years?  
1)  
(Please specify in **Annex 1B of OD-2004**)

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6. **Certification Marks**

6.1 Do you have a mark?  
☐ Yes  ☐ No
  
Company owned:  
☐ Yes  ☐ No

National:  
☐ Yes  ☐ No

Others:  
☐ Yes  ☐ No

Registered for trademark protection?  
☐ Yes  ☐ No

Nationally:  
☐ Yes  ☐ No

Internationally:  
☐ Yes  ☐ No

6.2 What is the meaning of your mark(s)?

What does it cover?  
(Please describe if necessary in an Annex)

6.3 Is follow-up surveillance of the production a condition for your mark?  
☐ Yes  ☐ No

6.4 If Yes, is pre-inspection of the factory required before issuing a certificate?  
☐ Yes  ☐ No

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7. **Inspection in the factory and/or on the market**

7.1 Do you perform factory inspections?  
☐ Yes  ☐ No

7.2 Do you perform market surveillance?  
☐ Yes  ☐ No

7.3 What is the required frequency of inspections/surveillance?

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1) Existing CB NCBs are requested to specify in an Annex the number of CB Test certificates issued, recognized and possibly rejected during the last three years, also including the reasons for the rejections.

2) This specification should be per specific standard (e.g. IEC 60335-2-2)
7. **Inspection in the factory and/or on the market** (contd.)

7.4 Do you perform Quality System Audits?

- [ ] Yes
- [ ] No

7.5 If yes, please describe shortly the reference Standard or Procedure used.

7.6 Do you comply with relevant parts of the ISO/IEC 17065 concerning inspection, surveillance and quality system audit for product certification?

- [ ] Yes
- [ ] No

Other relevant criteria or special requirements to be noted?

7.7 Do you accept inspection reports by other qualified organisation by agreement?

- [ ] Yes
- [ ] No

Any special conditions to be noted?

8. **Legislation**

8.1 For the purpose of granting your Mark, are there any mandatory and/or regulatory requirements required by law or decree applicable in your country?

- [ ] Yes
- [ ] No

8.2 If yes, please give a description of the system and your role. Please use an Annex
9. **Fee structure**

9.1 Are all costs

- [ ] fully covered by fees paid by the customer ?
- [ ] Yes
- [ ] No

If “No”

- [ ] % covered by:

9.2 How is roughly your fee structure in terms of (% of annual income) ?

- [ ] % initial testing/certification fee:
- [ ] % license fee:
- [ ] % other:

10 A **Assessment for new candidates**

Earliest date for assessment:

We hereby declare that we agree to fulfill the assessment procedure and to pay for the fee, wherever applicable, charged to us within 30 days from receipt of the invoice.

Date:

Signature:

Name:

10 B **Statement of conformance for existing NCB**

We hereby declare that the statements made herein are correct.

Date:

Signature:

Name:

11 **Endorsement** by the national IECEE Member Body of your country:

Member Body:

Date:

Signature:

Name: