

IECEE OPERATIONAL DOCUMENT

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

CBTL application form





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IECEE OD-2011

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Equipment and Components (IECEE System)

CBTL application form

INTERNATIONAL
ELECTROTECHNICAL
COMMISSION

PRICE CODE

ZZ

FOREWORD

Scope

To be determined

Document Owner

PAC

History of changes

Date	Brief summary of changes
2016-06-01	Subclause 1.1 was modified due to replacement of ACTL by SPTL

Effective date	Target revision date
2016-06-01	2019-06-01

<p>0. National Certification Body (NCB) Responsible for the operation of the Candidate Testing Laboratory: Is the testing laboratory an integral part of the same organization as the NCB, and at the same location?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Identification</p> <p>1.1 Name of candidate:</p> <p>CBTL: <input type="checkbox"/></p> <p>SPTL Supervising CBTL name (if appointed): <input type="checkbox"/></p> <p>1.2 Address:</p> <p>1.3 Telephone No.:</p> <p>1.4 Telefax No.:</p> <p>1.5 Name of the responsible contact person:</p> <p>Name of alternate:</p> <p>1.6 E-mail address:</p>
<p>2. Scope</p> <p>2.1 IEC category(ies) and standard (s) for which recognition is sought (Should the space not to be enough please use Annex 1B of OD-2005)</p>
<p>3. National status</p> <p>3.1 Type of organization</p> <p><input type="checkbox"/> Association</p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Owned by the State</p> <p><input type="checkbox"/> Private, but supported by the Government</p> <p><input type="checkbox"/> Others, specify in 3.2</p>

3. National status (contd.)	
3.2	Ownership
	%
	%
	%
	%
1)	This form may be used by new candidates as well as for updating of information on existing CB Testing Laboratories, as required.
2)	When the testing laboratory is an integral part of the certification body, only items not covered by the Application Questionnaire for the certification body needs to be completed.
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
3.5	Accreditations or equivalent official recognitions (references and dates of accreditation/ recognition documents) Please specify!
3.6	Against which standard(s) your Testing Laboratory has been assessed and accredited? ISO/IEC Guide 25 <input type="checkbox"/> ISO/IEC 17025 <input type="checkbox"/>
	Please attach copy of your accreditation Certificate

4. Internal structure and organization

- 4.1 Organization chart available?
Please attach copy.
- 4.2 Total number of persons
in the organization:
- 4.3 Number of persons directly involved in
testing of the electrical products for
which recognition is sought:
- 4.4 Education level(s) for persons included
in 4.3
- 4.5 Name and title of the senior
executives:
- 4.6 Name and title of the person
responsible for the internal quality
system:

5. Testing experience in the scope of the application

- 5.1 Products tested during the last two
years.
(the total number per product category
shall be presented) 1)
Please specify in **Annex 1B of
OD-2005**
- 5.2 Existing participation in testing activities for:
- | | | |
|--|-------------------------------------|--------------------------|
| | Regional certification schemes | <input type="checkbox"/> |
| | International certification schemes | <input type="checkbox"/> |
| | Other | <input type="checkbox"/> |
- 5.3 Please specify:
- 5.4 Are all test equipment and instruments
necessary to perform the tests
specified in the scope of IEC standards
available, cfr. item 2.1 ?
(Please enclose equipment/instrument
lists)
- 5.5 What type of testing is to be
subcontracted or carried out at other
lab in respect of the scope of the
application?

6.	Legislation		
6.1	Are there any mandatory and/or regulatory requirements marking required by law or decree applicable in your country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.2	If “yes”, please give a description of the system and your role. Please use an Annex		
7.	Fee structure		
7.1	Are all costs		
	<input type="checkbox"/> fully covered by fees paid by the customer ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If “No”		
	<input type="checkbox"/> % covered by:		
7.2	Please describe briefly the fee structure.		
1)	Presented per specific standard (e.g. IEC 60335-2-2)		
8.	Other matters		
8.1	Has the candidate laboratory signed a contract with the NCB indicated on page 1? Please give evidence	<input type="checkbox"/> Yes	
8.2	The candidate will not, within the same product category(ies), operate for other Certification Bodies (NCBs) adhering to the CB Scheme than the Certification Body (NCB) indicated on page 1?	<input type="checkbox"/> Yes	
9 A	Assessment for new candidate laboratory		
	Earliest date for assessment:		
	We hereby declare that we agree to fulfil the IECEE assessment procedure, and to be under relevant direction of the Certification Body named on page 1 of this Questionnaire and to pay the associated costs in accordance with the IECEE rules.		
	Date:		
	Signature:		
	Name:		

9 B Statement of conformance for laboratories already recognized within CB

We hereby declare that the statements made herein are correct and that we conform with the specifications given.

Date:

Signature:

Name:

10 Endorsement by the national IECEE Member Body of the responsible NCB's country:

Organization:

Date:

Signature:

Name:

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**IEC SYSTEM OF CONFORMITY ASSESSMENT
SCHEMES FOR ELECTROTECHNICAL
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