FOREWORD

Scope

To be determined

Document Owner

PAC

History of changes

<table>
<thead>
<tr>
<th>Date</th>
<th>Brief summary of changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020-06-03</td>
<td>Title updated as per CMC Decision 27/2020 to include SPTL</td>
</tr>
<tr>
<td>2019-11-05</td>
<td>Clause 1 updated as per CMC Decision 50/2019: Recommendations A.2 &amp; A.4 regarding removal of responsible CBTL for SPTL.</td>
</tr>
<tr>
<td>2016-06-01</td>
<td>Subclause 1.1 was modified due to replacement of ACTL by SPTL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effective date</th>
<th>Next maintenance due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021-01-01</td>
<td>2024-01-01</td>
</tr>
</tbody>
</table>
### 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?  
☐ Yes  ☐ No

### 1. Identification
1.1 Name of candidate:

| CBTL/SPTL: | ☐ CBTL | ☐ SPTL |

1.2 Address:

1.3 Telephone No.:

1.4 Telefax No.:

1.5 Name of the responsible contact person:

- Name of alternate:

1.6 E-mail address:

### 2. Scope
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-2005-2)

### 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. **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?

Please attach copy of your accreditation Certificate

- ISO/IEC Guide 25
- ISO/IEC 17025
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-2005-2**

5.2 Existing participation in testing  
activities for:  
Regional certification schemes  
International certification schemes  
Other

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

If “No”  
- % 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?  
- Yes

Please give evidence

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?  
- Yes

### 9 A Assessment for new candidate laboratory

Earliest date for assessment:

We hereby declare that we agree to fulfill 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:
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 B</td>
<td><strong>Statement of conformance for laboratories already recognized within CB</strong>&lt;br&gt;We hereby declare that the statements made herein are correct and that we conform with the specifications given.&lt;br&gt;Date:&lt;br&gt;Signature:&lt;br&gt;Name:</td>
</tr>
<tr>
<td>10</td>
<td><strong>Endorsement</strong> by the national IECEE Member Body of the responsible NCB’s country:&lt;br&gt;Organization:&lt;br&gt;Date:&lt;br&gt;Signature:&lt;br&gt;Name:</td>
</tr>
</tbody>
</table>