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| **Primary Contact Details** | |
| **Contact Person:** |  |
| **Company Name:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **Email:** |  |

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| **BASEC Conformity Limited Service(s) Required** | | | | |
| **Service Required**  **Please select one of the options:** | Option 1: Indicative Testing | | | |
| Option 2: Approved Body Testing – System 3 (Eca & Dca) | | | |
| Option 3: Approved Body Testing – System 1+ (Aca to Cca) | | | |
| Option 4: Approved Body Testing & FPC Auditing - System 1+ (Aca to Cca) | | | |
| **Product Range or Family**  **(Note: this description will be used in the Classification Report & on the BCL website).** | | | **Anticipated Classes** | **Additional Classes (smoke, droplets and acidity)** |
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| **Testing Required** | **EN 60332-1-2** |  | **EN 60754-2** |  |
| **EN 50399** |  | **EN/ISO 1716** |  |
| **EN 61034-2** |  | **Indicative only** |  |
| **Date when sample(s) will be available for testing** | | |  | |

**Please also complete and attach the Cable Data Summary Sheet (BCL-BSF359) and supply a cable construction drawing and product datasheet (bill of materials) for confirmation of initial type testing samples.**

**Please note that failure to supply all the required information may result in delays in progressing your application.**

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| **For Approved Body Certification Applications (AVCP System 1+) Only [ Classes Aca to Cca]** | | |
| **How many factory locations will be manufacturing the cables?** |  | **Please provide the address of each location given** |

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| **If more than one location, please provide the following information:** | |
| **Name of the nearest international & domestic airport and the distance from the airport to Head Office** |  |
| **Name of the nearest international & domestic airport and the distance from the airport to the factory location(s):** |  |
| **What is the distance between Head Office & the factory location(s):** |  |
| **What is the mode of transport used between Head Office and the factory location(s)? – i.e. plane, train, car** |  |

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| **Manufacturing Location 1** | | |
| **Company Name:** |  | |
| **Address:** |  | |
| **Name of the nearest international & domestic airport and the distance from the airport to the factory location:** |  | |
| **Are alternative raw materials used?**  If yes, a separate enquiry form must be completed for each material. | |  |
| **Do you already have ISO 9001 certification with an accredited Certification Body?**  If yes, **please attach a copy** of your current certificate | |  |
| **How many employees are located at the factory location?** | |  |
| **Is there a quality plan for each product range or family applied for?** | |  |
| **When will the factory be ready for audit and for samples be available for selection** | |  |
| **Manufacturing Location 2** | | |
| **Company Name:** |  | |
| **Address:** |  | |
| **Name of the nearest international & domestic airport and the distance from the airport to the factory location:** |  | |
| **Are alternative raw materials used?**  If yes, a separate enquiry form must be completed for each material. | |  |
| **Do you already have ISO 9001 certification with an accredited Certification Body?**  If yes, **please attach a copy** of your current certificate | |  |
| **How many employees are located at the factory location?** | |  |
| **Is there a quality plan for each product range or family applied for?** | |  |
| **When will the factory be ready for audit and for samples be available for selection** | | Select Date. |

**Declaration:**

This enquiry is in compliance with Annex ZZ of EN 50575:2014+A1:2016 and is an application for the first time and only to this Notified Body (BCL) for the granting of Notified Body Laboratory testing (AVCP System 3) or Product Certification including Factory Production Control assessments (AVCP System 1+). I know the certification rules of this Notified Body (BCL), in the framework of Regulation 305/2011/EU, including free access of the Notified Bodies auditors into the factory (-ies) for performance assessment purposes which I fully accept.

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| **I confirm that the samples to be submitted for initial type testing are:**  **Please select one of the options:** | Option 1: Typical production products without any specific materials or processes that are aimed at enhancing the fire performance in order to obtain the classification achieved. |
| Option 2: Prototypes, one-off samples or very low quantity production cables |

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| **Declaration** | |
| **Enquiry form and declaration completed by:**  **Insert Name:** | **Date:** |
| **Signature:** |
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