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| **Primary Contact Details** | |
| **Contact Person:** | Enter Text Here. |
| **Company Name:** | Enter Text Here. |
| **Address:** | Enter Text Here. |
| **Telephone:** | Enter Text Here. |
| **Fax:** | Enter Text Here. |
| **Email:** | Enter Text Here. |

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| **BASEC Service(s) Required** | | | | |
| **BASEC Service Required** | Select an Item | | | |
| **Product Range or Family**  **(Note: this description will be used in the Classification Report & on the BASEC website).** | | | **Anticipated Classes** | **Additional Classes** |
| Enter Text Here. | | | Select an Item. | Enter Text Here. |
| Enter Text Here. | | | Select an Item. | Enter Text Here. |
| Enter Text Here. | | | Select an Item. | Enter Text Here. |
| Enter Text Here. | | | Select an Item. | Enter Text Here. |
| **Testing Required** | **EN 60332-1-2** |  | **EN 60754-2** |  |
| **EN 50399** |  | **EN/ISO 1716** |  |
| **EN 61034-2** |  |  |  |
| **Date when sample(s) will be available for testing** | | | Select Date. | |

**Please also complete and attach the Cable Data Summary Sheet (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 Notified Body Certification Applications (AVCP System 1+) Only [ Classes Aca to Cca]** | | |
| **How many factory locations will be manufacturing the cables?** | Enter Text Here. | **Please provide the address of each location given** |

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

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| **Declaration** | |
| **Enquiry form and declaration completed by:**  **Insert Name:**  Enter Text Here. | **Date:**  Select Date. |
| **Signature:** |