



IECEX CoPC Application Form

APPLICATION FOR PERSONAL COMPETENCY		
This form shall be used as an application for a new certificate / renewal of certificate		
To be sent to INERIS Direction de la Certification B.P.2 F-60550 Verneuil-en-Halatte or to IECEXCoPC@ineris.fr	<input type="checkbox"/> New certificate	<input type="checkbox"/> Renewal / change / of certificate or recertification of certificate no.: INE _ _ . _ _ _
	Applicant name and postal address	
Detailed information about the applicant		
Applicant employer and postal address	e-post address / WEB address	Date of birth
License number	Telephone: Cell phone:	Telefax
Invoice address	Normative documents IEC 60079-14 IEC 60079-10 IEC 60079-17 IEC 60079-19 Special requirements for certification according to IECEx Competency IECEx 05 OD 501 OD 502 OD 504	
DECLARATION I am aware of and familiar to all valid normative documents for IECEx Personal Competency Certification. Should my application for certification be accepted, I am aware of that these requirements shall be fulfilled. I declare that no other application was signed with other ExCB I commit myself to: <ul style="list-style-type: none"> <input type="checkbox"/> to comply with existing normative documents <input type="checkbox"/> to only give correct information by marketing about scope of IECEx Personal Competency Certification <input type="checkbox"/> to pay the expenses in connection with my application for certificate as described in the valid standard / normative document and special requirements 		
Date:		
Applicants signature		

IM1571AA_IECEX05_ApplicationForm_Rev3.doc Applicable on: 02/14/2011



1 Scope of Certification

<input type="checkbox"/> Unit Ex 001	<input type="checkbox"/> Unit Ex 006
<input type="checkbox"/> Unit Ex 002	<input type="checkbox"/> Unit Ex 007
<input type="checkbox"/> Unit Ex 003	<input type="checkbox"/> Unit Ex 008
<input type="checkbox"/> Unit Ex 004	<input type="checkbox"/> Unit Ex 009
<input type="checkbox"/> Unit Ex 005	<input type="checkbox"/> Unit Ex 010

2 Language of assessment

English French

3 Certificate in pocket format

Yes I include picture (Passport picture, or electronic sent by e- mail)

4 Limitation of scope

4.1 Types of protection

<input type="checkbox"/> All without limitation	<input type="checkbox"/> "o": oil immersion
<input type="checkbox"/> "d": flameproof enclosure	<input type="checkbox"/> "p": pressurization
<input type="checkbox"/> "e": increased safety	<input type="checkbox"/> "q": powder filling
<input type="checkbox"/> "i": intrinsic safety	<input type="checkbox"/> "t": protection by enclosure
<input type="checkbox"/> "m": encapsulation	<input type="checkbox"/> "op"Optical radiation
<input type="checkbox"/> "n": type of protection 'n'	<input type="checkbox"/> Gas detection

4.2 Product types

<input type="checkbox"/> All without limitation	<input type="checkbox"/> Communication equipment
<input type="checkbox"/> Rotating machines	<input type="checkbox"/> Heating equipment
<input type="checkbox"/> Switchgear	<input type="checkbox"/> Trace heating
<input type="checkbox"/> Instrumentation	<input type="checkbox"/> Power transformers

4.3 Groups

<input type="checkbox"/> All without limitation	<input type="checkbox"/> Group II
<input type="checkbox"/> Group I	<input type="checkbox"/> Group III

4.4 • Voltages

<input type="checkbox"/> All without limitation	<input type="checkbox"/> 380 V
<input type="checkbox"/> 50 V	<input type="checkbox"/> 1500 V

4.5 Other limitations

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



5 Evidence of education and training

Please to list hereafter and attach the required evidence

5.1 General qualifications not specific to Explosive Atmospheres

5.2 Documentation specific to Explosive Atmospheres

6 Work experience both Hazardous and Non-Hazardous Areas

6.1 Work experience in Non-Hazardous Areas

6.2 Work experience in or associated with Hazardous Areas

7 Review by the ExCB (reserved to ExCB)

Acceptable Not Acceptable

Comment: