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| logo ETICS transparent | **OPERATIONAL DOCUMENT** | **CIG 022****Section A** |
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| **Request of Inspection**TO BE COMPLETED BY THE CERTIFICATION BODY REQUESTING VISIT |
| WARNING:THIS DOCUMENT IS ONLY VALID IF USED BY ECS MEMBERS AND THEIR AUTHORISED AGENTSCOVER PAGE EXCLUDED FROM PAGE NUMBERING |
| Approved by: | MCCB meeting 10 April 2019 | No. of pages: 2 |
| Date of issue: | April 2019 |  |
| Supersedes: | PD CIG 022 SECTION A: September 2014 | Page 1 of 2 |

OD CIG 022 SECTION A – REQUEST OF INSPECTION

Questionnaire to be completed by the Certification Body requesting the visit

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| A.1 Requesting Certification Body:        | Reference No.:       |
| A.2 Requested Inspection Body:       |
| A.3 Factory's registered name and address: |
| Factory’s name: |       |
| Street and No.: |       |
| Postal Code: |       |
| City: |       |
| Province: |       |
| Country: |       |
| GPS-coordinates:*(optional)* | N:       S:      E:       W:       |
| Factory’s representative name and contact data: |
| Name: |       |
| Function: |       |
| Telephone: | Country Code:       City Code:       Phone:       |
| Fax: | Country Code:       City Code:       Phone:       |
| E-Mail: |       |
| A.4 Licence Holder name and address:  |
| Licence Holder name: |       |
| Street and No.: |       |
| Postal Code: |       |
| City: |       |
| Province: |       |
| Country: |       |
| Telephone: | Country Code:       City Code:       Phone:       |
| Fax: | Country Code:       City Code:       Phone:       |
| E-Mail: |       |
| licence holder’s representative name and contact data: |
| Name: |       |
| Function: |       |
| Telephone: | Country Code:       City Code:       Phone:       |
| Fax: | Country Code:       City Code:       Phone:       |
| E-Mail:  |       |
| A.5 Product category:       |
| A.6 Standards:       |
| A.7 Certification Mark(s) requested:       |
| A.8 Inspection frequency:       |
| A.9 Other information (such as documents enclosed):       |
| Place and Date:        | Signature: |