

Application for Initial Factory Inspection and Certification

	Application received by:			Application reviewed and accepted by:		
	Date: / /			Date: / /		
APPLICANT INFO	Company Name:					
	Full Address:					
	City:		State /Province:		ZIP/Postal Code:	
	Country:		Telephone:		Fax:	
	Email:					
	Contact person name and position:					
	Legal representative name and position:					
MARKS	<input type="checkbox"/> c(LC) MARK – Canada <input type="checkbox"/> (LC)us MARK – USA <input type="checkbox"/> c(LC)us MARK – Canada and USA <input type="checkbox"/> IECExLC <input type="checkbox"/> CB Scheme					
SPECIFICATION	Type of Product:					
	Trademark:				Model:	
	Certification Marks granted by other Certification Bodies for the products, if applicable:					
	1	Certification body:	Standard:	Certificate validity date:		
	2	Certification body:	Standard:	Certificate validity date:		
	3	Certification body:	Standard:	Certificate validity date:		
4	Certification body:	Standard:	Certificate validity date:			
MANUFACTURER INFO	Company Name:					
	Full Address:					
	City:		State /Province:		ZIP/Postal Code:	
	Country:		Telephone:		Fax:	
	Email:					
	Contact person name and position:					
	Total number of employees in the facility:					
Manufacturer business relation with the applicant:						
STANDARD	Product Standard(s) requested for the conformity assessment and certification:					
	#	Standard	Specific Requirements	#	Standard	Specific Requirements
	1			3		
	2			4		
COMMENTS	Other relevant information (or list all relevant correspondence or notes attached):					
INITIAL FACTORY INSPECTION (IFI) for LC Mark	To apply for waiving the Initial Factory Inspection, new clients must provide the following documents with the application:				To be completed by the Certification Manager: IFI <input type="checkbox"/> Required <input type="checkbox"/> Waived	
	<input type="checkbox"/> A copy of Initial Factory Inspection issued by a Certification Body (CB) <input type="checkbox"/> Copies of the last 2 follow up inspection reports issued by the CB <input type="checkbox"/> Evidence of valid certification (e.g. Certificate of Conformity, or link to current listing issued by the CB.				Date:	
					Approval:	
COMPONENTS OF PRODUCT	Components and parts purchased from external suppliers (for example: switches, lampholders, cord-sets, motors, transformers, subassemblies, springs, contacts ...):					

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ROUTINE TESTS	Routine tests and inspections performed in receiving, manufacturing, and final QC in order to ensure conformity of the end product with the applicable standards (detailed description or copies of inspection and test procedures including QC forms) copies of the inspection and test procedures attached
CERTIFICATION OF QUALITY SYSTEM, IF ANY	Type of Certification of the Manufacturer Quality System, if certified (attach copy of registration certificate):
CONFIRMATION AND AGEEMENT BY THE APPLICANT OR CLIENT	<p>The information above describes accurately and to our best knowledge the scope of the certification sought under the LabTest Product Certification Program. We agree to comply with the requirements for the LabTest Product Certification Program and to supply any information needed for evaluation of products to be certified. We agree that the LabTest Inspectors may enter all locations of the manufacturing locations including receiving inspections and any other areas which are essential for conformity of our final products with the relevant standards. The LabTest Inspectors may enter these locations and areas during normal working hours, after having advised any person from the list in 6. above.</p> <p>_____</p> <p>Applicant / Client Representative</p> <p>_____</p> <p>Date</p>