**Purpose**

This form is designed to capture the information necessary in order for us to prepare an accurate quotation for certification. Please can you provide as much detail as possible by completing all sections of this document and any appendices as applicable to your company and range of products.

Any information you provide will be treated in the strictest confidence and LIA Laboratory Ltd. shall not disclose any such information to any third party except that required by law or by our accreditation bodies.

If you are unclear about any of the questions below please do not hesitate to contact the LIA Laboratory Ltd office at lab@thelia.org.uk or telephone 01952 290905.

|  |
| --- |
| **Section A: Application Type** |
| **A1. What is the purpose of this request?** |  |
| **A2. If this is a new application, please indicate below which Scheme(s) you wish your company/organisation to be certified against** |
| **TSD-001 Product Conformity Scheme – LIASC+** | [ ]  | **TSD-002 Sphere Photometry** | [ ]  |
| **TSD-003 Gonio Photometry** | [ ]  | **TSD-004 LIA Verified** | [ ]  |
| **TSD-005 UMSUG Measurements** | [ ]  | **TSD-006 Laboratory Capabilities** | [ ]  |
| **TDS-007 LIA Lab Partner Scheme** | [ ]  | **TSD-009 Product Conformity Scheme - LIASC** | [ ]  |
| **TSD-010 Product Conformity Scheme – LIASC Certificate** | [ ]  | **IECEE CB certification** | [ ]  |
| **Other (please specify)** | [ ]  |
| **A3. If you require changes to an existing certificate with the LIA Laboratory Ltd, please provide details below:** |
| **Certificate number(s)** |  |
| **What changes do you require?** |  |
| **Section B: Your Company / Organisation Details** |
| **B1**. **Company Name*****(Note: The Contract and Certificate will be issued in this name)*** |  |
| **B2. Company Address** |  |
| **B3. Invoice Address****(if different from above)** |  |
| **B5.** **Telephone Number** |  |
| **B6.** **Website Address** |  |
| **B7.** **Contact Person** |  |
| **B8.** **Position** |  |
| **B9.** **Email Address** |  |
| **Section C: Product Details***(Note: For certification schemes TSD-002, TSD-003, TSD-005, TSD-006 and TSD-007 section C is not applicable)* |
| **C1. Please provide details of the product(s) you would like to be certified (e.g., fixed luminaire).****e.g IP20** |
| **C2. Product specification (where relevant), for product ranges please also complete form SF12 or provide any product datasheets** |
| **Protection Class** |  |
| **Protection against dust, solid object and moisture (IP rating)** | **e.g IP20** |
| **Can be mounted on flammable surfaces?** |  |
| **Classification of use** |  |
| **Construction** | **Material of luminaire body, diffuser, shade etc.** |
| **Supply connection** | **Terminal block, connector, tails, etc.** |
| **Ratings** | **Nominal voltage, power, current** |
| **Used light source** | **LED module, E27, B22, etc.** |
| **C3. Has the manufacturer’s instruction and drafts of marking label(s) been provided with this Application form?** |
| **C4. Does your product have family variants?** |
| **C5. If yes, has the Family variants Sheet SF12 (or any relevant explanation of the family range, e.g., datasheet, product code explanation, etc.) been provided together with this Application form?** |
| **C6. Factory name and address?** |  |
| **C7. Is more than one factory used for product assembly?** |
| **Factory 2 Name and address** | **Factory 3 Name and address** | **Factory 4 Name and address** |
|  |  |  |
| **C8. List of countries addressed (summary of compliance with National Differences)****e.g. United Kingdom, Saudi Arabia, etc.** |
| **Section D: Other Information** |
| **D1. Is your factory production control system currently assessed under another product certification / Notified body?** |
| **If yes, please provide the following details:** |
| **Name of current Certification Body:** |
| **Expiry date of current Certification: Click here to enter date.*****Please provide a copy of your current certificate(s) of approval with this completed form*** |
| **D2. Is your organisation certified to any other standards?** |
| **If yes, please provide the following details:** |
| **Standard:** |
| **Certification Body:** |
| **D3. Are you currently undergoing certification of the product(s) with another certification body?** |
|  |
| **Section E: Details of person completing form** |
| **Name** |  |
| **Date** | **Click here to enter date.** |
| **Section F: To be completed by LIA Laboratory Ltd office only** |
| **Reviewed by** |  | **Date of review** | **Click here to enter date.** |
| **Evaluation resources required?** |  |
| **Suitable resources currently available?** |  |
| **Proceed with request?** |  |
| **Standard(s) to be used:** |  |
| **Reason for decision** |  |