**Purpose**

This form is designed to capture the information necessary in order for us to prepare an accurate quotation for certification service. 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 Ltd and CIBSE 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 Ltd office at TM66@thelia.org.uk or telephone 01952 290905.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A: Application Type** | | | | | | | | |
| **A1. What is the purpose of this request?** | | **New application**  **Change to existing certificate** | | | | | | |
| **A2. If this is a new application, please indicate below which Scheme(s) you wish your company/organisation to be certified against** | | | | | | | | |
| **TSD-012 TM66 Assured Product Verification Scheme** | | |  |  | | | |  |
| **Other (please specify)** | | | | | | | |  |
| **A3. If you require changes to an existing certificate with the LIA/CIBSE, 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(s) Details** | | | | | | | | |
| **C1. Please provide details of the product(s) you would like to be certified (e.g., model number).** | | | | | | | | |
| **C2. Product specification (where relevant), for product ranges, please provide relevant information** | | | | | | | | |
| **Information provided)** | | **CEAM** | | | **YES** | **N/A** | **NO** | |
| **Datasheet** | | | **YES** | **N/A** | **NO** | |
| **Installation instruction** | | | **YES** | **N/A** | **NO** | |
| **Draft of marking label** | | | **YES** | **N/A** | **NO** | |
| **Bill of materials** | | | **YES** | **N/A** | **NO** | |
| **List of critical components** | | | **YES** | **N/A** | **NO** | |
| **Alternative drivers information**  ***(if alternative drivers are used)*** | | | **YES** | **N/A** | **NO** | |
| **Alternative light sources information**  ***(if alternative light sources are used)*** | | | **YES** | **N/A** | **NO** | |
| **Product Code Explanation** | | | **YES** | **N/A** | **NO** | |
| **Photographs** | | | **YES** | **N/A** | **NO** | |
| **Drawings** | | | **YES** | **N/A** | **NO** | |
| **Test reports (e.g. safety, photometric, etc.)** | | | **YES** | **N/A** | **NO** | |
| **C3. Does your product have family variants?**  **YES  NO** | | | | | | | | |
| **C4. If yes, has the relevant explanation of the family range (e.g., datasheet, product code explanation, etc.) been provided together with this Application form?**  **YES  NO** | | | | | | | | |
| **C5. Factory name and address?** |  | | | | | | | |

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| **C6. Is more than one factory used for product assembly?**  **YES  NO** | | | | | |
| **Factory 2 Name and address** | | **Factory 3 Name and address** | | **Factory 4 Name and address** | |
|  | |  | |  | |
| **Section D: Details of person completing form** | | | | | |
| **Name** |  | | | | |
| **Date** | **Click here to enter date.** | | | | |
| **Section E: To be completed by LIA Ltd office only** | | | | | |
| **Reviewed by** |  | | **Date of review** | | **Click here to enter date.** |
| **Evaluation resources required?** | **Internal  External  Internal and external** | | | | |
| **Suitable resources currently available?** | **YES  NO** | | | | |
| **Proceed with request?** | **YES  NO** | | | | |
| **Standard(s) to be used:** |  | | | | |
| **Reason for decision** |  | | | | |