



**IEC System for Conformity Testing and Certification
of Electrotechnical Equipment and Components
CB Scheme**

**0. National Certification Body (NCB)
Responsible for the operation of the
Candidate Testing Laboratory:**

Is the testing laboratory an integral part
of the same organization as the NCB,
and at the same location?

Yes No

1. Identification

1.1 Name of candidate:

CBTL:

ACTL:
Satellite Laboratory
Specialised Facility
Main CBTL name:

1.2 Address:

1.3 Telephone No.:

1.4 Telefax No.:

1.5 Name of the responsible contact
person:

Name of alternate:

1.6 E-mail address:

2. Scope

2.1 IEC category(ies) and standard (s) for
which recognition is sought
(Should the space not to be enough
please use **Annex 1B of OD-
CB2005**)

3. National status

- 3.1 Type of organization
- Association
 - Private
 - Owned by the State
 - Private, but supported by the Government
 - Others, specify in 3.2

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3.2 Ownership

%
%
%
%

-
- 1) This form may be used by new candidates as well as for updating of information on existing CB Testing Laboratories, as required.
 - 2) When the testing laboratory is an integral part of the certification body, only items not covered by the Application Questionnaire for the certification body needs to be completed.
-

3. National status (contd.)

3.3 The status of the Candidate
(expressed in laws, decrees, statutes
of association, rules of the procedure,
or in other ways)

3.4 Official recognitions and/or
designations from the Government
and/or authorities and/or other
certification schemes

3.5 Accreditations or equivalent official
recognitions (references and dates of
accreditation/ recognition documents)
Please specify!

3.6 Against which standard(s) your Testing Laboratory has been assessed and accredited? ISO/IEC Guide 25 ISO/IEC 17025

Please attach copy of your
accreditation Certificate

4. Internal structure and organization

4.1 Organization chart available?
Please attach copy.



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- 4.2 Total number of persons in the organization:
- 4.3 Number of persons directly involved in testing of the electrical products for which recognition is sought:
- 4.4 Education level(s) for persons included in 4.3
- 4.5 Name and title of the senior executives:
- 4.6 Name and title of the person responsible for the internal quality system:

5. Testing experience in the scope of the application

- 5.1 Products tested during the last two years.
(the total number per product category shall be presented) 1)
Please specify in **Annex 1B of OD-CB2005**

- 5.2 Existing participation in testing activities for:
- | | |
|-------------------------------------|--------------------------|
| Regional certification schemes | <input type="checkbox"/> |
| International certification schemes | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

- 5.3 Please specify:

- 5.4 Are all test equipment and instruments necessary to perform the tests specified in the scope of IEC standards available,
cfr. item 2.1 ?
(Please enclose equipment/instrument lists)

- 5.5 What type of testing is to be subcontracted or carried out at other lab in respect of the scope of the application?



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6. Legislation

- 6.1 Are there any mandatory and/or regulatory requirements marking required by law or decree applicable in your country? Yes No
- 6.2 If "yes", please give a description of the system and your role.
Please use an Annex
-

7. Fee structure

- 7.1 Are all costs
- fully covered by fees paid by the customer ? Yes No
- If "No"
- % covered by:
- 7.2 Please describe briefly the fee structure.
-

- 1) Presented per specific standard (e.g. IEC 60335-2-2)
-

8. Other matters

- 8.1 Has the candidate laboratory signed a contract with the NCB indicated on page 1? Yes
Please give evidence
- 8.2 The candidate will not, within the same product category(ies), operate for other Certification Bodies (NCBs) adhering to the CB Scheme than the Certification Body (NCB) indicated on page 1? Yes
-

9 A Assessment for new candidate laboratory

Earliest date for assessment:

We hereby declare that we agree to fulfil the IECEE assessment procedure, and to be under relevant direction of the Certification Body named on page 1 of this Questionnaire and to pay the associated costs in accordance with the IECEE rules.

Date:

Signature:

Name:



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9 B Statement of conformance for laboratories already recognized within CB

We hereby declare that the statements made herein are correct and that we conform with the specifications given.

Date:

Signature:

Name:

10 Endorsement by the national IECEE Member Body of the responsible NCB's country:

Organization:

Date:

Signature:

Name: