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| logo ETICS transparent | **OPERATIONAL DOCUMENT** | **CIG 022**  **Section A** |
|  | | |
| **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 AGENTS  COVER 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: | |