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| logo ETICS transparent | **OPERATIONAL DOCUMENT** | **CIG 022**  **Section B.1** |
|  | | |
| **Pre-Licence Factory Inspection Questionnaire**  TO BE COMPLETED BY THE LICENCE HOLDER | | |
| 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: 3 |
| Date of issue: | April 2019 |  |
| Supersedes: | PD CIG 022 Section B.1 - September 2014 | Page 1 of 3 |

OD CIG 022 SECTION B.1

Questionnaire to be completed by the Licence Holder

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B.1.1 | | | | Licence Holder’s name and address: | | | | | |
| Licence holder’s 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: | | | | | |  | | | |
| B.1.2 | | | | Category(ies), brand(s) and type designation(s) of the products for which the Certification Mark has been requested: | | | | | |
|  | | | | | | | | | |
| B.1.3 | | | Which Certification Mark is requested according to which standards? *Please specify the requested type-approval procedure (e.g. ENEC, CCA or National).* | | | | | | |
|  | | | | | | | | | |
| **B.1.4** | | **Control of Production** | | | | | | | |
| The following questions need only to be answered if the Licence Holder is not the factory: | | | | | | | | | |
| 1) Are you the owner of the product design for the products as per B.1.2? | | | | | | | | yes | no |
| 2) Are you keeping control of design modifications for the products as per B.1.2? | | | | | | | | yes | no |
| 3) Do you control the quality system of the factory/factories producing the products as per B.1.2? | | | | | | | | yes | no |
| 4) Does your contract with the factory/factories producing the products as per B.1.2 cover questions 1, 2 and 3? | | | | | | | | yes | no |
| Please describe briefly how the contract covers these questions or provide a copy: | | | | | | | | | |
| B.1.5 | Signed for the Licence Holder: | | | | | | | | |
| Name and Function: | | | | |  | | | | |
| Place and Date: | | | | | | | Signature: | | |

***Note:*** *The signatory to this form declares the accuracy of the information provided.*