**Purpose**

This form is designed to capture the information necessary in order for us to prepare an accurate quotation for ICEL endorsement. 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 The LIA Ltd. (ICEL) shall not disclose any such information to any third party except that required by law.

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

**Please indicate below which Scheme(s) you wish your company / organisation to be approved against**

|  |  |  |
| --- | --- | --- |
| ICEL-B Batteries |  | [ ]  |
| ICEL-C Controlgears |  | [ ]  |
| ICEL-L Luminaires |  | [ ]  |
| ICEL-CS Central battery systems |  | [ ]  |
| ICEL-CP Emergency Lighting Control Panels |  | [ ]  |
| Other (please specify) |  | [ ]  |

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| **Section A: Your Company / Organisation Details** |
| **A1**. **Company Name*****(Note: The Contract and Certificate will be issued in this name)*** |       |
| **A2. Factory/Establishment Address** |       |
| **A3. Invoice Address****(if different from above)** |       |
| **A4. VAT Registration Number** |       |
| **A5.** **Telephone Number** |       |
| **A6.** **Website** |       |
| **A7.** **Contact Person** |       |
| **A8.** **Position** |       |
| **A9.** **Email Address** |       |

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| **Section B: Your Organisation/Company Activities** |
| **B1. Please provide details of the range of products you manufacture.** |
| **B2. Product specification/scope of certification required (Trade Names, Family variants, Specification, Materials used, Classes, Standards, End uses etc.)**      |
| **B3. Does your organisation subcontract any manufacture?****Yes [ ]  No [ ]**  |

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| **Section C: Other Information** |
| **C1. Is your factory production control system currently assessed under another product certification / Notified body?****Yes** **[ ]  No** **[ ]**  |
| **If yes, please provide the following details:** |
| **Name of current Certification Body:**       |
| **Expiry Date of Current Certification:**      ***Please provide a copy of your current certificate(s) of approval with this completed form*** |
| **C2. Is your organisation certified to any other standards?****Yes [ ]  No [ ]**  |
| **If yes, please provide the following details:** |
| **Standard:**       |
| **Certification Body:**       |

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| **To be completed by LIA Ltd (ICEL) Office Only** |
| **Reviewed By** |       | **Date of Review** |       |
| **Proceed with request? (YES / NO)** |       |
| **Reason if no** |       |