|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT** | | ADDRESS OF INSPECTION  Same as applicant | |
| Date |  | Date Ready |  |
| Customer P.O.# |  | Company Name |  |
| Company Name |  | Contact person |  |
| Address |  | Address |  |
| City/Country |  | City/Country |  |
| Postal/ZIP Code |  | Postal/ZIP Code |  |
| Contact Person |  | Phone # & Ext. | (area code) |
| Phone # & Ext. | (area code) | Fax # | (area code) |
| Email Address |  | Email Address |  |
| ***APPLICANT SIGNATURE***  *Note – signature not required for quoting purposes only* | | Applicant Signature indicates confirmation to proceed with the inspection and is required to validate this form and gives the processing centre authority to bill applicant according to our fee schedule. | |

Equipment Type:  Medical  Lighting  Industrial  Laboratory  Other-Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this equipment been previously approved or certified by a recognized or accredited organization?  YES  NO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EQUIPMENT TYPE / DESCRIPTION | NUMBER OF UNITS | MODEL # | SERIAL # | MANUFACTURER |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| Location in Plant: N/A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (i.e. column # or area)  Check if applicable: clean room, restricted access area, special Personal Protective Equipment required, Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Notes to Inspector: |

|  |  |
| --- | --- |
| NOTE: | Each inspection will be invoiced separately. If additional inspections are required due to alterations or if the equipment is not ready, a new purchase order or other payment arrangements will be required for the follow-up inspection. |

**Intended Market** -  Canada  U.S.A \* Cord Connected  Permanently Connected

\* If U.S.A is the intended market, is the product final destination California or Washington State? Yes No Don’t Know

Our estimation of the costs will be based on the completeness of the information provided and it will assume that all components involved comply with the applicable standards and are used within their intended rating. Should your product or the components involved be found non-compliant, costs are subject to increase.

Please attach additional details: (Brochure, Diagrams, Schematics) as applicable.

For prompt service please, complete this form and email to [**customerservice@qps.ca**](mailto:customerservice@qps.ca). or fax to **416-241-0682** attention “**Customer Service**”