

# Velosi Certification Bureau Ltd.

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## Application for Quotation

**NOTE: If you are completing this form electronically press F1 for help on any field.**

### 1.0 COMPANY DETAILS

Company Name		Tel No	
Address		Fax No	
		E-mail	
Postal Code		Contact	
Country		Position	

### 2.0 SERVICE REQUIRED

#### 2.1 Pressure Equipment

New construction  In-service

Applicable Code / Regulation / Standard  (State)

Pressure Equipment Directive Non QA

Pressure Equipment Directive QA

Indian Boiler Regulations

DOSH Malaysia

MOM Singapore

Other  (State)

#### 2.2 Lifting Equipment

New construction  In-service

#### 2.3 Other

Weld Procedure Qualifications

Welder Qualifications

Material Services 3.1C certification / EAM /PMA

Other (State)

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### 3.0 PRESSURE EQUIPMENT DIRECTIVE 97/23/EC QUESTIONNAIRE

Please complete product details section for each type of equipment requiring assessment.

3.1 Equipment description: \_\_\_\_\_  
 What is the equipment type?: Not Known  
 (Pressure Vessel, Piping, Steam Generator, Pressure Accessory, Assembly)  
 Code of manufacture : \_\_\_\_\_

3.2 Product details: (These details are required to verify the equipment category)  
 Pressure envelope volume: \_\_\_\_\_ L Max Operating temp.: \_\_\_\_\_ °C  
 Maximum allowable pressure: \_\_\_\_\_ Bar Fluid contents: Group 1 or Group 2  
 Phase of fluid contents at process operating conditions: Gas (or Liquid )  
 Enter the DN if applicable \_\_\_\_\_ mm  
 (Please supply GA drawing and datasheet)

3.3 Equipment categories (if known)  
 SEP  CAT I  CAT II  CAT III  CAT IV

3.4 What are the production volumes that fall within the PED?

Equipment type	Single	Multiple	Typical volume per month
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

3.5 Materials used: \_\_\_\_\_  
 - If materials are not harmonised:  
 Do you require Velosi to carry out EAM? Yes or No  
 Do you require Velosi to carry out PMA? Yes or No  
 - Do you intend to use independently attested materials? Yes or No  
 (i.e. BS EN 10204 3.1B)  
 - If not, will Velosi be required to witness mechanical sample taking and testing? Yes or No

3.6 Welding:  
 - Are all weld procedures approved by a Notified Body? Yes or No (Qty) \_\_\_\_\_  
 - Are all Welders qualified? Yes or No (Qty) \_\_\_\_\_

3.7 NDT:  
 - Are all NDT procedures / personnel approved by a NB/ RPTO? Yes or No  
 - How many NDT procedures do you anticipate will be required? \_\_\_\_\_

3.8 Conformity Assessment Module Required:  
Non-QA Modules Not Known (A1, B1+F, B+C1, B+F, G )  
QA Modules Not Known ( D1, E1, B1+D, B+E, H, B+D, H1)  
 (If you have selected a QA Module - Please also complete section 4)

Please give details of any sub-contractors used in the manufacture of items covered by the PED that Velosi will be required to certify.



## 4.0 QUALITY SYSTEM

If you intend to apply a PED Quality Module, please complete this section:

- 4.1 **Certification to PED**   
(Current ISO9000 Quality System to remain)
- 4.2 **Certification to PED**   
(Current ISO9000 Quality System to be transferred to Velosi)
- 4.3 **Certification to PER and ISO9000**   
(No system currently in place)
- 4.4 By which Company was your Quality System accredited? \_\_\_\_\_
- 4.5 When is the date of your next audit? \_\_\_\_\_
- 4.6 How long has it been implemented? \_\_\_\_\_ Years \_\_\_\_\_ Months
- 4.7 Does it conform with ISO9001  Other \_\_\_\_\_
- 4.8 Please attach a copy of certificate and scope.
- 4.9 If your Quality System accreditation is not finalised, when do you consider it will be?  
\_\_\_\_\_ Month \_\_\_\_\_ Year
- 4.10 If you are not currently certified what scope do you require for your certificate (ie the manufacturer of....., the supply of.....the installation of.....)  
\_\_\_\_\_
- 4.11 If you have an unaccredited Quality System, and you require VCBL to accredit it, please answer these additional questions:  
Which registration is being applied for?  
 ISO 9001:2000      Other
- 4.12 Approx total No. of staff \_\_\_\_\_ No of sites \_\_\_\_\_ Locations (Town) \_\_\_\_\_
- 4.13 No. of staff doing identical/similar jobs, e.g.:
- |                   |       |                   |       |                  |       |
|-------------------|-------|-------------------|-------|------------------|-------|
| Process Engineers | _____ | Workshop          | _____ | Office           | _____ |
| Warehouse persons | _____ | Project Engineers | _____ | Design Engineers | _____ |
| Machine operators | _____ | Draftsmen         | _____ |                  |       |
- 4.14 No. of staff on the road, e.g.:
- |         |       |          |       |                 |       |
|---------|-------|----------|-------|-----------------|-------|
| Drivers | _____ | Salesmen | _____ | Sales Engineers | _____ |
|---------|-------|----------|-------|-----------------|-------|
- 4.15 Shift details (e.g. 3 shifts/all activities/all shifts am-pm, pm-am)  
\_\_\_\_\_

Completed by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS APPLICATION FORM**