|  |  |  |
| --- | --- | --- |
| **Certificate Number(s)**  **Including QAN /QAR No’s (CML Certs Only)** | CML xxATEXxxxx / IECEx CMLxx.xxxx | |
| **Equipment Name** | Insert name of equipment on the certificate | |
| **Name Change** | From: | To: |
| **Address Change** | From: | To: |
| **Label Drawing** (detailing new address) | **Drawing Number(s)**  xxxxxxxxxxxxxxxxxxx | **Please Include the Label Drawing with Application (required)** |
| **Amendments** | **Cost** | **Quantity** |
| Variation to one certificate | Price on application | xx |
| Additional Certificate | Price on application | xx |
| IECEx Levy (per certificate) | Price on application | Xx |

|  |  |  |  |
| --- | --- | --- | --- |
| **Formal Acceptance** |  | | |
| Company Name |  | | |
| Contact |  | | |
| P.O Number |  | | |
| Email |  | | |
| Phone |  | | |
| **Signature** |  | **Date** |  |