Application No.:

Application Form

For Manufacture Licensing of Special Equipment of the People's Republic of China

Manufacturer:	
Equipment Category:	
Type of application:	
Application Date:	

General Administration of Quality Supervision Inspection and Quarantine of the People' Republic of China (A Q S I Q)

Basic Conditions of Application Manufacturer				
Full Name of	Manufacturer			
Address of N	Manufacturer			
Country	/ Region		Corporate Representative	
Liai	ison		Phone Number	
Facsimile	e Number		E-mail Address	
Post	Code		Website Homepage	
Date of Est	tablishment		Total Employees	
Management I	Representative		Position of Management Representative	
	Items under Registration or Certification	Certification Organization	Date of issue	Date of Expiration
Registration or Certification Achieved				
		Application	Agent	
Full	Name			
Address	Address _Postcode			
Organization Code			Corporate Representative	
Representative on Manufacturer's Behalf			Phone Number	
E-mai	l Address		Facsimile Number	

O 4	•	A	
Category of	lacensing	Ann	nited
Cuttegory or .	Licensing	TEPP	IICU

(Mark "O" in the column of "Licensing Held" for licensing holder, and mark "√" in the column of "New Applicant" for new application, license renewal or application for scope extension)

Category	Classification	Level	Manufacture Range	Typical Products	Licensing Held	New Applicant	Type Testing Organization

Declaration and Signature of Applicant

I hereby declare that my party is willing to apply for the Manufacturer Licensing by following the provisions on the "Supervision Administration Regulation for Manufacture of Boilers and Pressure Vessels". My party will accept the review, survey and assessment, product (sample) inspection & testing, and engage our full guarantee for product quality by following relevant regulations, and accept subsequent surveillance & product supervisory inspection, and provide the necessary working conditions, and pay the relevant fees and expenses as stipulated.

Corporate Representative of Applicant:	Position:	Date:
(Signature)		

	Sales in Recent Four Years within China's Mainland					
Year	Category	Quantity	Installation Location			

Area of Manufacturer Area of Workshop Area of Radiography Testing Exposure Room(_) Technician (Number) Design Capacity (Category) Designer (Number) Quality Responsible Engineer (Number) Welding Technician(Number) Inspector (Number) Wolder and Welding Operator (Number) Composition of Each Department Department Person in Charge Staff Quantity	Manufacturer's Resources				
Exposure Room(_) Technician (Number) Designer (Number) Quality Responsible Engineer (Number) Welding Technician(Number) Inspector (Number) Welder and Welding Operator (Number) Composition of Each Department	Area of Manufacturer	Area of Workshop			
Professional Personnel (Number) Quality Responsible Engineer (Number) Welding Technician(Number) Inspector (Number) Welder and Welding Operator (Number) Composition of Each Department			Design Capacity (Category)		
Professional Personnel (Number) Welding Technician(Number) Inspector (Number) Welder and Welding Operator (Number) Composition of Each Department	Technician (Number)		Designer (Number)	
NDT Examiner (Number) Welder and Welding Operator (Number) Composition of Each Department	Professional Personnel (Number)		Engir	neer	
Operator (Number) Composition of Each Department	Welding Technician(Number)		Inspector (Number)	
	NDT Examiner (Number)				
Department Person in Charge Staff Quantity	Compe	osition of Eac	ch Departmen	t	
	Department	Person	in Charge	Staff Quantity	

Certificati	Certification of the NDT Examiner, Welder and Welding Operator			
Of NDT Examiner			Certified Operation	
or Welder	Name	Method /Type	Level/Welding Process(es)	Date of Expiration

]	List of Quality Responsible Engineer				
Name	Education	Major	Responsibility		

	Main Manufacture Equipment(s)				
No.	Name of Equipment	Capacity	Quantity		

	Main Inspection a	nd Testing I	nstrument and Equi	pment
No.	Name of Instrument and Equipment		Capacity	Quantity
	Capability of Self-C	alibration of	Instrument and Eq	uipment
No	Name of Instrument and E	quipment	Calibrati	on Scope

Sub-contract				
No.	Sub-contracted Item	Name of Sub-o	contractor	
		Submitted Documents		
No.	Do	cument Title	Number of Sheet or Page	

Acceptance views and result of General Administration of Quality Supervision, Inspection and Quarantine of the P. R. of China:	
Signature of Person in Charge:	
Date:	Acceptance number:
Remarks	