

CSA SPE-1000 FIELD EVALUATION SERVICES – APPLICATION FORM

ADMINISTRATION (FOR MAREX OFFICE USE ONLY)

I. SCOPE OF STANDARD
CSA SPE-1000

Risk Assessment		Marex Job #				
Verified by:			-	-		
			Client Identifier	Coding	Project Number	

II. APPLICANT INFORMATION
DATE FORM COMPLETED:

Applicant Name: <i>(Full Legal Name)</i>	Phone:
Contact Name:	Mobile:
Address: <i>(Full Address)</i>	Fax:
	Email:
MSA #: <i>(If applicable)</i>	Referred By:

III. LOCATION OF FIELD EVALUATION

Name: <i>(if different from Applicant)</i>	FE Date:
Address: and/or	Mobile:
Legal Description:	Area Name _____ LSD _____ Sec _____ Twp _____ Rge _____ W of M _____ Additional description (as required)
Contact Name:	Email:
Phone:	Fax:
Important:	Final installation and/or use of product(s) is/are intended for Canada only.

IV. PRODUCT INFORMATION
Notes:

1. Please ensure that all products being offered for Field Evaluation are provided with unique Serial Numbers (or equivalent).
2. Marking Languages: All Cautions and Warnings shall be provided in both Canada's official languages (English and French).

Required Documentation *(please mark if provided)*
 Layout Diagrams
 Electrical Schematics
 Photos
 Bill of Materials
 Additional Information _____

Description	Model / Name	# of Units	Volts AC/DC	Phase (DC=N/A)	Amps
1.					
<i>Intended use (Commercial or Industrial):</i>			<input type="checkbox"/> AC <input type="checkbox"/> DC		
2.					
<i>Intended use (Commercial or Industrial):</i>			<input type="checkbox"/> AC <input type="checkbox"/> DC		
3.					
<i>Intended use (Commercial or Industrial):</i>			<input type="checkbox"/> AC <input type="checkbox"/> DC		



4.					
<i>Intended use (Commercial or Industrial):</i>			<input type="checkbox"/> AC <input type="checkbox"/> DC		
5.					
<i>Intended use (Commercial or Industrial):</i>			<input type="checkbox"/> AC <input type="checkbox"/> DC		
6.					
<i>Intended use (Commercial or Industrial):</i>			<input type="checkbox"/> AC <input type="checkbox"/> DC		
7.					
<i>Intended use (Commercial or Industrial):</i>			<input type="checkbox"/> AC <input type="checkbox"/> DC		
8.					
<i>Intended use (Commercial or Industrial):</i>			<input type="checkbox"/> AC <input type="checkbox"/> DC		
9.					
<i>Intended use (Commercial or Industrial):</i>			<input type="checkbox"/> AC <input type="checkbox"/> DC		
10.					
<i>Intended use (Commercial or Industrial):</i>			<input type="checkbox"/> AC <input type="checkbox"/> DC		

IV. BILLING INFORMATION *(required)*

_____ Originator (Billing Contact)	_____ Approver	_____ Billing Address (Suite, Street, City, Prov., Postal Code)
		/
		_____ Originator (Billing Contact) Phone / Cell
_____ Purchase Order #	_____ Work Order #	_____ Originator (Billing Contact) Email

Billing Notes: