CSA SPE-1000
FIELD EVALUATION SERVICES – APPLICATION FORM

I. APPLICANT INFORMATION

DATE FORM COMPLETED: _____

Applicant Name: *(Full Legal Name)*		**Phone:**	
Contact Name:		**Mobile:**	
Address: *(Full Address)*		**Fax:**	
		Email:	
MSA #: *(If applicable)*		**Referred By:**	

II. LOCATION OF FIELD EVALUATION

Name: *(if different from Applicant)*		**Proposed Inspection 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.**		

III. 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	Phase	Amps
1.				Select	
Intended use *(Commercial or Industrial)*: Select					
2.				Select	
Intended use *(Commercial or Industrial)*: Select					
3.				Select	
Intended use *(Commercial or Industrial)*: Select					
4.				Select	
Intended use *(Commercial or Industrial)*: Select					
5.				Select	
Intended use *(Commercial or Industrial)*: Select					

6.				Select	
Intended use *(Commercial or Industrial)*: Select					
7.				Select	
Intended use *(Commercial or Industrial)*: Select					
8.				Select	
Intended use *(Commercial or Industrial)*: Select					
9.				Select	
Intended use *(Commercial or Industrial)*: Select					

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:

ADMINISTRATION (FOR MAREX OFFICE USE ONLY)

Marex Job #	-	-	
	Client Identifier	Coding / Project Number	Notes

Impartiality Risk Assessment

1. Once application is received and MAREX Job # information inserted,
   a. MAREX Admin to send the application to SI Program Manager,
   b. SI Program manager to review SI-Procedure-01 Risk to Impartiality Guide *(click link to access)* with assigned SI inspector and Sr. management (as required) to determine if either MAREX or individuals within MAREX pose any risk to impartiality.
2. Has any risk to impartiality been declared? ☐ Yes ☑ No
3. If answer to 2. above is Yes, describe risk and actions taken to mitigate the risk.

Signature Date

Name Title