

INTERNATIONAL MARINE CERTIFICATION INSTITUTE

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CERTIFICATION APPLICATION
SMALL CRAFT - ELECTRIC FANS
Ref.: ISO 9097

FOR IMCI USE ONLY
Certificate No.: EF

Manufacturer: _____
 Address: _____
 ZIP Code: _____
 City: _____
 Country: _____
 VAT #: _____
 Signatory, Name: _____
 Signatory, Title: _____
 Phone: _____
 Fax: _____
 Email: _____
 WWW: _____
 Model Name: _____
 Head of Engineering: _____

Selected test data	Clause	Requirements	Unit	As tested
1 Continuous operation at 120% nom. voltage	4.1	[Yes ?]		YES
2 Ignition protected per ISO 8846	4.2	[Yes ?]		YES
3 No spark between blade and housing	4.4	[Yes ?]		YES
4 Moving parts protected, if needed	4.5	[Yes / NA ?]		
5 Means for fastening to boat	4.6	[Yes ?]		YES
6 Component materials galvanically compatible in the presence of sea-water	4.7	[Yes ?]		YES
7 Component materials corrosion resistant in the presence of sea-water	4.8	[Yes ?]		YES
8 Installation instructions available	4.9	[Yes ?]		YES
9 Insulated two-wire type	5.1	[Yes ?]		YES
10 Only stranded copper conductors	5.2	[Yes ?]		YES
11 External terminals protected, if provided	5.3	[Yes / NA ?]		
12 Conductor minimum size fulfilled, if applicable	5.4	[Yes / NA ?]		
13 Conductor insulation rated for damp location, if applicable	5.4	[Yes / NA ?]		
14 Protection against locked rotor	5.5	[Yes ?]		YES
15 Nominal voltage rating	6.1	[6 / 12 / 24 / 32 DC]	[V]	
16 Ampère or Watt rating	6.1		[A / W]	
17 Air flow of fan	6.2		[m ³ / sec]	
18 Rating procedure fulfilled	6.3	[Yes ?]		YES
19 Marking as required	7	[Yes ?]		YES
20 Name of test laboratory:				
21 Reference number of test report:				
22 Comments:				

I declare under our sole responsibility that the above product(s) to which this declaration relates is in conformity with ISO 9097. This application has not been lodged with any other notified body.

Date and Signature: _____

I declare under our sole responsibility that the above product(s) has (have) been developed without my involvement.
 The content of this form has been checked.

Stamp, Date and Signature of Inspector: _____

Stamp, Date and Signature of Certification Manager: _____