|  |  |
| --- | --- |
|  |  |
| **Application form** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OBJECTIVE** | **for eu type examination of ppe** | granting of a new certificate | □ |
| **for review of the eu type examination certificate** | certificate extension | □ |
| certificate renewal | □ |
| modification of an approved type | □ |
| revision of normative documents | □ |
| in accordance with Regulation (EU) 2016/425 of the European Parliament and of the Council of 9 March 2016 on personal protective equipment and repealing Council Directive 89/686/EEC, Annex V (Module B) |
| **APPLICANT** | Producer □. | Brand manufacturer1  □ | Authorised representative2  □ |
| Name |  |
| Address  |  | Country |  |
| Telephone |  | V.A.T |  |
| E-mail |  | **Regon4** |  |
| **Contact person** ***(name, tel, e-mail)*** |  |
| **PRODUCER***(to be completed when the applicant is the manufacturer of the brand or an authorised representative)* | Name |  |
| Address |  |
| **PLACE OF PRODUCTION***(fill in if different from the applicant)* | Name |  |
| Address  |  |
| **PRODUCTION** | Name of PPE - type / model / symbol |  |
| Type, model, variety: |  |
| Category/level of protection provided/level of effectiveness |  |
| Reference standard(s)3 |  |
| No. of certificate held4 No. of certificate held by actual manufacturer |  | Agreement4 No. |

**the applicant undertakes to:**

* fulfilment of all requirements resulting from the application for EU type examination, included in the binding legal regulations and procedures of the Certification Department,
* provide all necessary information for the EU type examination,
* payment of the application review fee (prior to conclusion of the agreement) in the amount of PLN 1000 (net)5 and the final fee for the EU type examination, regardless of the result obtained. The final fee for the EU type examination includes the fee for the application review. Certification Authority may waive the initial fee.

**the applicant acknowledges that:**

* Signing of the product certification agreement and payment of the application review fee start the EU type examination process,
* The application review fee is not refundable,

**the applicant declares that:**

* the application for EU type examination/review of the certificate has not been lodged with any other notified body,
* the product presented for assessment has not been subject to cooperation between the Applicant and the Institute (e.g. at the design stage),
* does not have any relationship (e.g. business) with the research contractor whose results are submitted with this application,
* **The contact person** indicated in the Application will be responsible for supervising the execution of the agreement on the part of the Client and has the authority to make decisions concerning its execution, including acceptance of costs. The above-mentioned person is deemed to be authorised to represent the Client in this respect.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *place, date* |  | *Authorized signature* |

|  |  |  |
| --- | --- | --- |
| **Lp.** | **List of technical documentation of the PPE in case of** **EU type examination / EU type examination certificate review according to full procedure** |  |
|  | Full description of PPE and their intended use | *Indicate the identification of the technical documentation (e.g. symbol / issue / date of issue):* |
|  | Assessment of the hazards against which the PPE is intended to provide protection |
|  | List of essential health and safety requirements applicable to PPE |
|  | Design and manufacturing drawings and diagrams of PPE and their components |
|  | Descriptions and explanations necessary to understand the drawings and diagrams and the functioning of the PPE (if necessary) |
|  | Reference to the harmonised standards applied to the design and manufacture of PPE |
|  | Description of the other technical specifications used to meet the applicable essential health and safety requirements |
|  | Results of design calculations, checks and tests carried out to verify conformity of the PPE with the applicable essential health and safety requirements |
|  | Description of the means used by the manufacturer in the production process of the PPE to ensure that the manufactured PPE conform to the design specifications. List of control and measuring equipment used for in-process control of the production and of the finished product |
|  | Photo of PPE |
|  | List of materials used and their suppliers |
|  | Description of the technological process |
|  | Manufacturer's instructions and information (in accordance with Annex II, point 1.4 of EU Regulation 2016/425) |
|  | Declaration of non-harmfulness |
|  | Model product for EU type examination |  |

|  |  |
| --- | --- |
| **Lp**.  | **List of annexes in the case of** **- EU Type Examination Certificate review under simplified procedure** |
| 1. | Confirmation that there has been no modification of the approved type including materials, components or sub-assemblies  |
| 2. | Confirmation that there has been no change to the harmonised standards / technical specifications used |
| 3. | Confirmation that there has been no change to the state of the art and that the PPE still complies with the applicable essential health and safety requirements |
| 4. | Copies of current drawings and photographs of the product, product labelling and information supplied by the manufacturer, if not already supplied |
| 5. | For Category III PPE, information on the results of supervised inspections carried out at random intervals  |

**Explanations:**

1. The application should be completed in 1 copy and submitted together with two sets of technical documentation, annexes and a product specimen to the Certification Department.
2. In case of an application for the review of an EU Type Examination Certificate, an employee of the Certification Department shall review the application and inform on the manner of the review procedure.
3. Information on legal regulations, standards, product tests, required documents, etc. is provided by the employees of the Certification Department.

To be filled in by the Certification Department

|  |  |
| --- | --- |
| Application register number |  |
| Date of registration |  |
| Application review fee (net) |  |
| Total cost (net) |  |
| Signature of the Certification Department employeeregistrant of the application |  |