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| **application** | | | | | | | | | | | |
| **PURPOSE** | | **EU TYPE-EXAMINATION OF PPE** | | | | | granting a new certificate | | | |  |
| **REVIEW OF THE EU TYPE - EXAMINATION CERTIFICATE OF PPE** | | | | | extend of the certificate | | | |  |
| renewal of the certificate | | | |  |
| modification to the approved type | | | |  |
| change in the state of the art | | | |  |
| another change | | | |  |
| according to the 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** | | Manufacturer | | | Own brand manufacturer1 | | | Manufacturer's authorised representative2 | | | |
| **Name** |  | | | | | | | | |
| **Address** |  | | | | | | **Country** |  | |
| **Tel./fax** |  | | | | | | **NIP** |  | |
| **Mail** |  | | | | | | **Regon4** |  | |
| **Contact person5**  *(full name, phone, mail)* | | | |  | | | | | |
| **Manufacturer**  *(fill in, if the applicant  is the own brand manufacturer  or an authorized representative)* | | | | Name | |  | | | | | |
| Address | |  | | | | | |
| **Address of the place production**  *(fill in, if different from the manufacturer)* | | | | Name | |  | | | | | |
| Address | |  | | | | | |
| **PRODUCT** | | Name of PPE – type / model / symbol risk categories | | | |  | | | | | |
| Category / levels of protection / levels of performance | | | |  | | | | | |
| The references of the standards3 | | | |  | | | | | |
| The number of EU type-examination certificate4  The number of EU type-examination OBM4 | | | |  | | | Agreement number4 No. | | |

**applicant agrees to:**

* meet all of the requirements arising out of the EU type-examination, included in valid legal regulations and procedures of Department of Certification,
* provide all information necessary for the EU-type examination,
* pay an initial fee of 1000 PLN and the final payment for the EU type-examination regardless of result.

**applicant understands that:**

* signed agreement and contributing paid an initial fee begins the process of the EU type-examination,
* the initial fee is not refundable.

**applicant declares that:**

* the application for EU type-examination certificate/review the EU type-examination certificate has not been submitted to another notified body,
* submitted product for certification has not been the subject of cooperation between Applicant and the ŁUKASIEWICZ – ŁIT,
* there is no relationship (e.g. business) with the research contractor, the results of which have been provided with this application.

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| *place, date* |  | *applicant’s signature* |

**Explanation:**

1. *The application, the complete technical documentation and the specimen must be sent together to the Department of Certification.*
2. *In the case of renewal of the EU type-examination certificate of the PPE the employee of Department of Certification carry out review of application reviewed procedure, then must be showed to the applicant.*
3. *Employees of the Department of Certification is providing information regarding legal regulation, standards, product testing, required documents, etc.*

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| **Item** | **The technical documentation shall include at least the following elements**  **EU type-examination certificate of PPE/a complete review procedure of the EU type-examination certificate of PPE** |
|  | a complete description of the PPE and of its intended use |
|  | an assessment of the risks against which the PPE is intended to protect |
|  | a list of the essential health and safety requirements that are applicable to the PPE |
|  | design and manufacturing drawings and schemes of the PPE and of its components, sub-assemblies and circuits |
|  | the descriptions and explanations necessary for the understanding of the drawings and schemes referred to in point (4) and of the operation of the PPE |
|  | the references of the harmonised standards that have been applied for the design and manufacture of the PPE |
|  | descriptions of the other technical specifications that have been applied in order to satisfy the applicable essential health and safety requirements |
|  | the results of the design calculations, inspections and examinations carried out to verify the conformity of the PPE with the applicable essential health and safety requirements |
|  | a description of the means used by the manufacturer during the production of the PPE to ensure the conformity of the PPE produced with the design specifications. List of appliances control-measurement used by procedure to check during production and final product |
|  | photo of the product |
|  | a list of the materials used and its suppliers |
|  | description of the manufacturing process |
|  | the specimen(s) of the PPE representative of the production envisaged |
|  | a copy of the manufacturer's instructions and information set out in point 1.4 of Annex II, Regulation (EU) 2016/425 of PPE |
|  | reports on the tests carried out to verify the conformity of the PPE with the applicable essential health and safety requirements and, where appropriate, to establish the relevant protection class |

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| **Item** | **The list of annexes**  **- the simplified review procedure of the EU type-examination certificate of PPE** |
| 1. | confirmation that there has been no modification to the approved type as referred to in point 7.2, including materials,  sub-components or sub-assemblies |
| 2. | confirmation that there has been no modification to the relevant harmonised standards or other technical specifications applied |
| 3. | confirmation that there has been no change in the state of the art and the approved type continues to fulfil the applicable essential health and safety requirements |
| 4. | where not already supplied, copies of current product drawings and photographs, product marking and information supplied by the manufacturer |
| 5. | for category III products information on the results of the supervised product checks at random intervals carried out |

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| Application register no |  |
| Date of registration |  |
| Initial fee |  |
| Total cost |  |
| The employee registering the application |  |