

APPLICATION

for EC type-examination

in the Central Institute for Labour Protection – National Research Institute (CIOP-PIB)

Czerniakowska 16, 00-701 Warsaw, Poland

Notified Body No. 1437

EC

1.	ISSUANCE / EXTENSION / REPLACEMENT / EXTENSION OF VALIDITY^{*)} of the EC type-examination certificate meeting the requirements of the PPE Directive 89/686/EEC (Official Journal of the European Communities 30.12.89 L 399/22)		
2.	APPLICANT: MANUFACTURER¹⁾ / AUTHORIZED REPRESENTATIVE²⁾ / OWN BRAND MANUFACTURER³⁾¹⁾:		
3.	Name and address of the Applicant of according to the relevant register:		
Phone/Fax:			
4.	Data concerning the Applicant for invoice (name, address, including postal code, city) – if not the same as the seat of the Applicant:		
5.	VAT Number (only for the Applicant from the EU country):		
6.	Contact person on the part of the Applicant (name, surname, position, phone, fax, e-mail):		
SUBJECT OF EC TYPE-EXAMINATION			
7.	Name of the product, type, model, symbol:		
8.	Scope of use and/or safety parameters:		
9.	Number of the EC type-examination certificate ⁴⁾ :		
10.	Manufacturer (name, legal address):		11. Place of manufacturing (if not the same as the seat of the manufacturer):

*) delete as appropriate

- 1) manufacturer – individual or legal person or an organizational unit without the status of legal person, which designs and manufactures a product to introduce it onto the market or to hand it over for use under his own name or mark
- 2) authorized representative – individual or legal person with a legal address on the territory of the European Union (including Poland), authorized by the manufacturer to act on their behalf. The authorization should be done in writing and may be subject to verification by authorities supervising the introduction of products onto the market
- 3) own brand manufacturer – individual or legal person or an organizational unit without the status of legal person, which introduces a product onto the market or hands it over for use under his own name or mark
- 4) fill in when applying for extension / replacement / extension of validity of the current EC type-examination certificate or if the applicant is an own brand manufacturer

HEREBY, WE PLEDGE OURSELVES:

- to fulfil all requirements resulting from applying for EC type-examination certificate, defined in binding legal regulations and in the CIOP-PIB certification procedures,
- to make the non-refundable initial payment of 300 EURO within 7 days after the submission of the application to the following bank account: Bank PEKAO S.A., 95124062471111000049759963, SWIFT CODE: PKOPPLPW. You will receive an invoice after payment. Note: The initial fee is not required in the case of applications for replacement or extension of the issued by CIOP-PIB certificate or if the applicant is an own brand manufacturer.
- to make the pre - payment for the laboratory tests as well as the final payment for the EC type-examination, regardless of their results,
- to transmit a Statement on the place of establishment of a business and on purchasing services for the fixed establishment (only for an applicant from the EU country) / Certificate of registration as taxpayer (entrepreneur) (only for an applicant from the non UE country) each time before issuing of an invoice (according to the form available on <http://www.ciop.pl/1150.html>),
- not to apply for the EC type-examination certificate for the above mentioned product to another notified body.

HEREBY, WE ACKNOWLEDGE THAT:

- making the initial fee is a prerequisite to start the EC-type examination process,
- the EC type-examination certificate will be issued upon obtaining a positive assessment result and making the final payment for carrying out the EC type-examination.

WE DECLARE THAT:

- we have the right to dispose of the product in order to apply for the EC type-examination,
- the documentation enclosed with the application is relevant to the product and up-to-date.

The application form should be accompanied by documents listed on page 2.

12.	Application submitted on (date):	
	Name, Surname, Position, Signature	Name, Surname, Position, Signature	Reference number:	
	of persons duly authorized to make commitments on behalf of the Applicant, stamp		Application received by (name and surname):	
		
	Place	Date		

List of Annexes to the Application for EC type-examination

Technical documentation and information on a product	Mark adequately with x	Status of a document (symbol, number, date of issuance etc.)
Comprehensive drawings	<input type="checkbox"/>	13.
Detailed drawings	<input type="checkbox"/>	14.
Photographs	<input type="checkbox"/>	15.
General description of a product	<input type="checkbox"/>	16.
List of applied materials	<input type="checkbox"/>	17.
Document proving the harmlessness of the materials used, if applicable	<input type="checkbox"/>	18.
List of essential requirements taken into account during product design, included in the PPE Directive 89/686/EEC (O.J. 30.12.89 L 399/26).	<input type="checkbox"/>	19.
Harmonized European standards	<input type="checkbox"/>	20.
Non-harmonized European standards, national standards, draft standards or other technical regulations	<input type="checkbox"/>	21.
Description of technological processes applied in product manufacturing	<input type="checkbox"/>	22.
Description of control and measurement tools used by the manufacturer to ensure that a product manufacturing process is in conformity with harmonized standards or other technical requirements and to maintain the required level of product quality.	<input type="checkbox"/>	23.
User manual	<input type="checkbox"/>	24.

Independent laboratories testing reports (if carried out)

Number	Date	Testing Laboratory
25.	26.	27.

Number of samples of the product/materials delivered for carrying out laboratory testing in CIOP-PIB and for the EC type-examination	28.
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	Status of the document (date of issuance)
If an applicant is a duly authorized representative – documents confirming manufacturer's authorization to act on his behalf	<input type="checkbox"/> 29.
If an applicant is an own brand manufacturer – contract concluded with a manufacturer	<input type="checkbox"/> 30.