APPLICATION

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| Directive |
| 2014/34/EUon the harmonization of the laws of the Member States relating to equipment and protective systems intended for use in potentially explosive atmospheres |

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| --- | --- |
| Type of service | |
| EU-Type examination  (Annex III – Module B) |  |
| Conformity to type based on product verification  (Annex V – Module F) |  |
| Conformity to type based on internal production control plus supervised product testing  (Annex VI – Module C1) |  |
| Conformity based on unit verification  (Annex IX – Module G) |  |
| The technical documentation retention (acc. to the requirements of directive 2014/34/EU, Article 13.1 (b) (ii)) |  |
| Type examination  (voluntary mode) |  |
| Change of certificate scope  certificate No. : **……………………………** |  |

1. ***General information***
   1. *Manufacturer - name and address:*

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| **……...…………………………………………………………………………………………………..…** |

Tel / Fax / E-mail

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| **……...…………………………………………………………………………………………………..…** |

*Registration data*:

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| National Court Register number: **……………………………**  Tax ID: **……………………………** Statistical ID: **……………………………** |

* 1. *Authorized representative - name and address (if applicable):*

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| **……...…………………………………………………………………………………………………..…** |

Tel / Fax / E-mail

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| **……...…………………………………………………………………………………………………..…** |

*Registration data*:

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| --- |
| National Court Register number: **……………………………**  Tax ID: **……………………………** Statistical ID: **……………………………** |

* 1. *Person authorized to contact:*

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| --- |
| *(Name / Surname / position / telephone / e-mail):*  **……………………………………………………………………………………………………………** |

1. ***Product data:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Product name (product series):  Type of device:  stationary  portable | | | | | |
| Purpose, scope of use of the product: | | | | | |
| Equipment | Ex component | | | | Protective system |
| Safety devices, controlling devices and regulating devices | | | | | |
| Group: | | Category: | | | |
| Ex marking:  Ambient temperature range /Ta/: | | | | | |
| Does the product contain substances which may be harmful? | | | | YES  NO | |
| Does the product contain earlier certified equipment/components? | | | YES  NO | | |
| If so, provide name, manufacturer, type, certificate number, designation: | | | | | |
| Standards used: | | | | | |
| Attachments:  -  -  -  -  - | | | | | |
| Handling with the prototype / return samples after testing? | | | | YES  NO | |
| Refers to a supplementary certificate | | | | | |
| Certificate Number:  Will there be a change in Ex marking? | | | | YES  NO | |
| Proposed changes of Ex marking: | | | | | |
| Description of the changes made: | | | | | |
| The Body, after verifying the information, will provide written confirmation specifying the terms of the service (including, among others, the costs and deadline for providing the service). | | | | | |

Manufacturer’s declaration**:**

1. I hereby confirm that no application form concerning the same product has been submitted to other notified body*.*
2. *I declare that I have read and will meet all applicable requirements contained in the "Program for the Conformity Assessment of Products".*
3. *I agree to carry out any laboratory tests*

According to the Regulation of the Minister of Finance dated 22 March 2002 on implementing certain provisions of the Act on tax on goods and services and excise duty (Journal of Laws No. 27, item. 268), we authorize KSC POLAND Sp. z o.o. to issue VAT invoices without our signature.

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(Place, date) (Person authorized to represent)