|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICATION **to conduct product certification for compliance with the normative document outside the scope of accreditation “IEn CERTIFICATE”:**  *(enter the number and date of issue of the standard)* | | | | | | | | | |
| **CONCERN:** |  | **issuing** |  | **changes in the scope** |  | **renewal** | |  | **correction** |
| **Evaluation based on the certification scheme type 1a and 3** Outside the scope of accreditation  (mark as appropriate):  Acc. PN-EN ISO/IEC 17067:2014-01 | | | | | | | | | |
|  | **1a** | | | | | | product certification scheme comprising product parameters confirmation by type test – acc. to **PC\_1a** **\*)** | | |

**APPLICANT:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address: | | | |
| *phone:* | | *e-mail:* | |
| NIP (tax identification number) | REGON | | EKD |
| Authorised contact representative: *(name, surname, company position)* |  | | |
| *phone:* | | *e-mail:* | |

**SUBJECT OF CERTIFICATION:**

|  |
| --- |
| *Name of the product (type, model, symbol) / proposed changes:* |
| *Basic application:* |
| *Previous certificate number and issue:* |

**MANUFACTURER:**

|  |
| --- |
| Name and address: |
| Name and address of production plant (if different than the head office): |

**DECLARATION No 1:**

|  |
| --- |
| I declare that, in relation to the above mentioned product there were no conformity assessment process undertaken in another certification body.  ................................................... ........................................................  city, date applicant signature |

**DECLARATION No 3:** (applies only to customers, for which tests are conducted at the subcontractors)

|  |
| --- |
| I declare that I consent to testing of above mentioned product, to the extent resulting from the certification process, in laboratories indicated by the certification department who are the subcontractors of certification body of IEn-PIB.  ................................................... ........................................................  City, date applicant signature |

|  |  |  |  |
| --- | --- | --- | --- |
| **DOCUMENTATION - ATTACHMENTS**  (in electric [pdf] or paper form) | To be completed by applicant **1)** | Was provided | |
| Yes | No |
| 1. An unambiguous identification of the product submitted for certification (list, catalog / data sheet, photo), together with a general description of the product. |  |  |  |
| 1. A photocopy / scan of legal registration |  |  |  |
| 1. Certificates (eg. management systems including production and / or supply of a product) or abbreviated documentation of the non-certified quality system of the applicant and/or manufacturer. |  |  |  |
| 1. Technical documentation to the extent agreed with the certification body (eg. construction drawings, circuit diagrams, assembly instructions, etc.); descriptions and explanations, if necessary. |  |  |  |
| 1. Test reports (No., date, name of performing entities) |  |  |  |
| 1. The opinions of institutions which assessed product under other provisions (e.g. UDT) |  |  |  |
| 1. Instructions for use of the product |  |  |  |
| 1. Other documents (please specify) |  |  |  |

**1)** *Tick if applicable.*

|  |
| --- |
| **STATEMENT OF APPLICANT** |
| **WE OBLIGED TO:**   * meet all the requirements resulting from applying for product certification, contained in the existing legal provisions,  as well as in the procedures and certification schemes of Certification Department of IEn-PIB, * making the agreed advance payment and the final fee for the certification of the product, * payment of a fee for a change in the scope / other change \* of the certificate in the amount of ................................................. PLN net / EUR gross \*   \* delete as appropriate  **WE ACCEPT THAT THE CERTIFICATE WILL BE ISSUED AFTER:**   * obtaining a positive result of certification, * signing a contract with IEn-PIB on the issuing and use of a certificate of compliance with the normative document, * payment of the full fee for product certification.   ............................................ ........................................... ....................................... .......................................  *city, date*  *head accountant Director Company Seal* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| To be completed by DZC | | | | | | |
| APPLICATION EVALUATION | | | | Evaluation result | | |
| positive | negative | n/a |
| 1. Identification of the applicant | | | | □ | □ | □ |
| 2. Identification of the product / products | | | | □ | □ | □ |
| 3. The correctness of the choice of standards or normative documents underlying the assessment of conformity | | | | □ | □ | □ |
| 4. Completeness of the application dossier | | | | □ | □ | □ |
| 5. Quality management system of the applicant | | | | □ | □ | □ |
| 6. Verification DZC opportunities for evaluation and certification | | | | □ | □ | □ |
| NOTES: | | | | | | |
| Decision on the registration of the application: | □ positive | □ negative (give reason): | | | | |
| Representative of the DZC:  *name and surname* | | *date* | *signature* | | | |