FV 01b

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| Application form No. with CB no. |  |
| Application form No. with testing laboratory |  |
| Application form No. with customer |  |

##### APPLICATION FORM SELECT THE TYPE

|  |  |
| --- | --- |
| Applicant: | Identification number:  Tax Identification number: |
| Address: | Telephone:  Fax: |
| Statutory representative of the applicant: | Contact person for communication with CB: |
| Bank connection: | Account number:  Bank code: |
| Product identification: |  |
| Brand name of the product: |  |
| Type of product: |  |
| Variants: |  |
| Producer: |  |
| Address of producer (incl. state): |  |

Other information:

|  |  |  |
| --- | --- | --- |
| Address for control (audit): |  | |
| Required resistance grade according to standards: |  | |
| The product has already been evaluated:  where, by whom, with what result:  (support with evidence if applicable) |  | |
| Subcontract test: | yes\* | no\* |
| Choice of certification process:  (assessed by leader of CB relevant option circled after discussion with applicant)  \* Delete as appropriate | 1) Schema 1a EN ISO/IEC 17067  or including current certification  process NBU\* | |
| 2) Schema 5 EN ISO/IEC 17067  or including current certification  process NBU\* | |
| 3) Schema 3 EN ISO/IEC 17067  or including current certification  process NBU\* | |
| 4) Schema 1b EN ISO/IEC 17067  or including current certification  process NBU\* | |
| Have you adopted the quality management system? | yes\* | no\* |
| According to what standards?  Declare its certification lf applicable. | number of: validity: | |

###### By filling out this application form the applicant declares their ability to be responsible for ensuring that the products meet and will eventually meet the requirements of certification system and certification schemes.

Applicant is bound to meet the requirements of the certification system and relevant certification schema and to provide all information necessary for product evaluation and agrees with possible attendance of observers during testing, if necessary.

###### Date:

###### 

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applicant´s name and sign

Records of ACB/ATL

|  |  |  |
| --- | --- | --- |
| Requirements on certification/testing Fulfilled | Conformity with applicant  Fulfilled | Valid accreditation  Fulfilled |
| Date: Sign: | Date: Sign: | Date: Sign: |

\*Cross out the not applicable.