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| Application form No. with ACB/date |  |
| Application form No. with ATL/date |  |
| Application form No. with customer |  |

##### APPLICATION FORM (RE)CERTIFICATION

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| Client: | Identification number:  Tax Identification number: |
| Address: | Telephone:  Email: |
| Statutory representative of the client: | Contact person of the client: |
| Bank connection: | Account number:  Bank code: |
| Product identification: |  |
| Brand name of the product: |  |
| Type of product (series): |  |
| Derived variants: |  |
| Producer: |  |
| Address of the producer's factory  or product location: |  |

More information:

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| Required resistance grade  according to standards: |  | | |
| The product has already been evaluated:  where, by whom, with what result:  (support with evidence if applicable) |  | | |
| Delivery date of the samples: |  | | |
| Choice of certification process:  (assessed by leader of ACB relevant  option circled after discussion with  applicant) | Schema 1a according EN ISO/IEC 17067 | |  |
| Schema 5 according EN ISO/IEC 17067 | |  |
| Schema 3 according EN ISO/IEC 17067 | |  |
| Schema 1b according EN ISO/IEC 17067 | |  |
| Certification procedure  National Security Authority | |  |
| Mediation certification of National Security Authority | yes | no | |
| Do you have the quality management system? | yes | no | |
| According to what standards?  Declare certification | Number of certificate: 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. By completing this application, the Contracting Authority agrees to the processing of personal data in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data. 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:

###### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client´s name and sign

Records of ACB – ATL

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