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| Application form No. with ACB/date |  |
| Application form No. with TL/date |  |
| Application form No. with client |  |

##### APPLICATION FORM FOR TESTS / CERTIFICATION

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

Other information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Required classification of product: | Requirement: | | | | |
| Standard: | | | | |
| In the range of CP NSA | yes | | no | |
| 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  client) | 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 scheme NSA for the physical  destruction of information or data carriers | | | |  |
| Ensuring mediation  certification at the NSA | yes | | no | | |
| Introduction of a certified system  quality management (QMS) | yes | | ne | | |
| Identification of QMS standard | Certificate Validity | | | | |

By completing this application:

* The client undertakes to comply with the requirements of the certification system and ACB certification schemes.
* The client declares that he is able to take responsibility for the fact that the products meet and will meet the requirements of the certification system and ACB certification schemes.
* The Client undertakes to provide ACB with all information necessary for the evaluation of products for which the issuance of a certificate of conformity is required and, if necessary, to agree to the possible participation of observers.
* The client acknowledges that he has the opportunity to file his complaint against the activities of the ACB or the activities of the TL.
* The Client 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.

###### 

###### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

name and sign

Records of ACB – TL

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| Examination of the application  Fulfilled / NOT Fulfilled | Compliance with the applicant  Fulfilled / NOT Fulfilled | Valid accreditation  Fulfilled / NOT Fulfilled |
| Date:  Sign: | Date:  Sign: | Date:  Sign: |
| Note: | | |