

APPLICATION

(the dark areas to be filled by Certification Department)

Registration No.:	Registration Date:
Application of scope stated below with attached documentation submitted by the Applicant allow the beginning of certification process	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> needs to be completed in the area: <div style="text-align: right; margin-top: 5px;"> <i>date and signature the person making the review of the Application</i> </div>

Normative/reference document:

mark correct area

Voluntary Certification of products:	Type „3” acc. to PN-EN ISO/IEC 17067: 2014-01*	
	Type „1a” acc. to PN-EN ISO/IEC 17067: 2014-01	
Certification of products under system „1”		

APPLICANT

Company's name and address:	Company's registration No.*/No. of commercial activity evidence <i>(strike unnecessary)</i> : VAT Identification number:
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PERSON AUTHORISED TO CONTACT CERTIFICATION DEPARTMENT

First name, name, position:		
Phone:	Fax:	E-mail:

MANUFACTURER

Manufacturer's name and address:		
Phone:	Fax:	E-mail:

Name and address of the company of the Manufacturer:

(When the product submitted for certification is produced at a few manufacturing plants, please provide address of all plant in a separate document)

Name/type of product (type, symbol, number of variants, application, etc.- enter to Appendix No. 1 of 1-ID form)

DECLARATION OF THE APPLICANT

1. The Applicant states that technologies or other publications of the Institute (Łukasiewicz-WIT) are not used in the process of production. If they are, the details are given in a separate document.
2. The Applicant declares to meet all of the certification requirements stated by Certification Department, making the payments included, acc. to current laws regulations.
3. The Applicant undertakes to inform the Certification Department of all the outsourced processes .
4. The Applicant undertakes to inform Certification Department of all changes introduced by the manufacturer to the product(-s), as well as into the technical documentation, provided to the Certification Department in connection to certification process conducted with regards to this application.
5. The Application did not apply for certification, to another certification body.

..... date signature and stamp
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*Edition of the certification program compliant with the scope of accreditation valid on the date of application submission.

- Attachments:**
1. Documents that allow to identify the product (design drawings, technological requirements, descriptions, etc.)
 2. Normative/reference document
 3. The register document of the Applicant
 4. Test Report (-s).
 5. Other: