



Ship Design and Research Centre S.A.  
Product Certification Division  
Szczecińska 65, 80-392 Gdańsk  
phone.: +48 58 307 45 28  
e-mail: certyfikacja@cto.gda.pl

**SHIP DESIGN AND RESEARCH CENTRE S.A.**  
PRODUCT CERTIFICATION DIVISION

# APPLICATION FORM

registration No. and date

(filled by Product Certification Division)

1.	<b>Applicant:</b>	
	<b>Address:</b>	
	<b>Business ID:</b>	
	<b>VAT No.:</b>	
	<b>Share capital:</b>	
2.	<b>Manufacturer:</b>	
	<b>Factory address :</b>	
	<b>Business ID:</b>	
	<b>VAT No.:</b>	
	<b>Share capital:</b>	
<b>Number of employees:</b>		
3.	<b>Product to be certified / assessed for conformity:</b>	
4.	<b>Subcontracted processes:</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
	<b>Kind of processes</b>	<b>The name of the company whose sub-processes are subcontracted</b>
5.	<b>Certification/assessment of conformity:</b>	<b>B module</b> <input type="checkbox"/> <b>System 1</b> <input type="checkbox"/> <b>Voluntary certification</b> <input type="checkbox"/>
6.	<b>Law, Standards, Rules and others documents of product:</b>	
7.	<b>Approvals, certificates held by manufacturer:</b>	
8.	<b>Applicant Declaration:</b> I declare that I do not use the services of another certification body in relation to a.m. product. I agree to provide the complete technical documentation of the product. I agree to meet the certification requirements.	
9.	<b>Applicant's representative authorized to contact the Product Certification Center, Centrum Techniki Okrętowej S.A. :</b>	
	<b>Position in company:</b>	
	<b>Phone:</b>	<b>Fax:</b>
	<b>Date:</b>	<b>E-mail:</b>
		<b>Signature and stamp of the person authorized to represent the applicant:</b>