

Ship Design and Research Centre S.A. Product Certification Division Szczecińska 65, 80-392 Gdańsk phone.: +48 58 307 45 28 fax: +48 58 307 44 30 e-mail: certyfikacja@cto.gda.pl

SHIP DESIGN AND RESERCH CENTRE S.A.

PRODUCT CERTIFICATION DIVISION

APPLICATION FORM

registration No. and date
(filled by Product Certification Division)

1.	Applicant:				
	Address:				
	Registered in:				
	VAT No.:				
	Share capital:				
2.	Manufacturer:				
	Address:				
	Registered in:				
	VAT No.:				
	Share capital:				
	Number of employees:				
3.	Product to be certified / assessed for conformity:				
4.	Law/Regulation:		Module/Program:		
5.	Standards, rules and others documents of product:				
6.	Readiness for assessment (please specify the date):				
7.	Approvals, certificates held by manufacturer:				
8.	Applicant Declaration: I declare that I have read and understood the certification requirements. I declare that I do not use the services of another certification unit. I agree to provide the complete technical documentation of the product. I agree to meet the certification requirements.				
9.	Applicant's representative:				
	Position in company:				
	Phone: Fax:		E-mail:		
	Date:		Signature:		