



Maritime Advanced Research Centre
Product Certification Division
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Wzór

**MARITIME ADVANCED RESEARCH CENTRE
PRODUCT CERTIFICATION DIVISION**

APPLICATION FORM

Registration number (filled by CTO S.A.)

CERTIFICATION OF CONSTRUCTION PRODUCTS

1.	APPLICATION ¹⁾		
	<input type="checkbox"/> for running a certification process of construction product (system 1 – CE marking) <input type="checkbox"/> for running a certification process of construction product (system 1 – B marking) <input type="checkbox"/> for running a voluntary certification <input type="checkbox"/> for extension / limitation / exchange ²⁾ of the certificate: <ul style="list-style-type: none">• Certificate No:• Scope of extension/limitation/exchange ²⁾:		
2.	PRODUCT		
	Name of the product:		
	Technical specification (standards, regulations, and other normative documents applicable to the product):		
	Additional informations (eg. intended use, essential characteristics, others):		
3.	APPLICANT		
	Name and address:		
	Applicant status:		
	<input type="checkbox"/> Manufacturer ³⁾	<input type="checkbox"/> Brand owner (clone) ⁴⁾	<input type="checkbox"/> authorised representative ⁵⁾
	<i>3) Manufacturer – any natural or legal person who manufactures products, or has them designed or manufactured, and places them on the market under their own name or trademark.</i>		
	<i>4) Brand owner (clone) – a specific category of manufacturer, a natural or legal person who places on the market, under their own name or trademark, a product designed and/or manufactured by the original manufacturer, which is identical in terms of design and technology to the product placed on the market by the original manufacturer.</i>		
	<i>5) Authorised representative – any natural or legal person established within the European Union who has received a written mandate from the manufacturer to act on their behalf in relation to specified tasks.</i>		
	BUSINESS ID:		VAT No:
4.	MANUFACTURER / MANUFACTURING SITES		
	Name and address of the factory producing the product:		
	<input type="checkbox"/> Please encode the manufacturing plant in the certificate	Code:	Number of employees:

5.	SUBCONTRACTED PROCESSES ¹⁾: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Type of processes:	The name of the company to which particular processes are subcontracted:
6.	USE OF A CONSULTING FIRM FOR THE DEVELOPMENT AND IMPLEMENTATION OF THE FPC SYSTEM ¹⁾: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	Name of the consulting company or name of the consultant:	
7.	REPRESENTATIVE OF THE APPLICANT AUTHORIZED TO COMMUNICATE WITH THE CTO S.A. CERTIFICATION BODY:	
	Name and surname:	E-mail:
	Position:	Phone:
8.	APPLICANT'S STATEMENT:	
	I undertake to provide complete technical documentation for the product. I agree to meet certification requirements. The test results were carried out by accredited laboratory in the scope of test methods included in the test reports (if applicable).	
	Place and date:	Signature and stamp of the person authorized to represent the Applicant:

1) Tick as appropriate

2) Cross out where not applicable