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Wzór

MARITIME ADVANCED RESEARCH CENTRE
PRODUCT CERTIFICATION DIVISION

APPLICATION FORM .....
Registration number (filled by CTO S.A.)

MARINE EQUIPMENT CERTIFICATION
in accordance with Directive 2014/90/EU (MED)

1.	**APPLICATION** [1)]
	☐ **for the conformity assessment procedure of marine equipment (Module B – type-examination)** ☐ **for the conformity assessment procedure of marine equipment (Module D – production quality assurance)** ☐ **for the conformity assessment procedure of marine equipment (Module E – product quality assurance)** ☐ **for renewal of certificate No:** ☐ **for extension / limitation / exchange** [2)] **of the certificate:** • **Certificate No:** • **Scope of extension/limitation/exchange** [2)]**:**
2.	**APPLICANT**
	Name and address:
	Applicant status:
	☐ Manufacturer [3)] ☐ Brand owner (clone) [4)] ☐ authorised representative [5)]
	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. *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.* 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.*
	BUSINESS ID: / **VAT No:**
3.	**MANUFACTURER / MANUFACTURING SITES**
	Name and address of the factory producing the product:
	☐ **Please encode the manufacturing plant in the certificate** / **Code:** / **Number of employees:**

4.	**PRODUCT**	
	Product name / type: (The given product name will apply at every stage of the conformity assessment process)	
	Technical specification (standards, regulations, and other normative documents applicable to the product):	
	MED item number and product designation: (e.g. MED 3.16 – Fire doors)	
	Certificates held by the applicant: (e.g. ISO certificate, Module B certificates related to this conformity assessment process)	
5.	**USE OF A CONSULTING FIRM FOR THE DEVELOPMENT AND IMPLEMENTATION OF THE FPC SYSTEM [1]: YES ☐ NO ☐**	
	Name of the consulting company or name of the consultant:	
6.	**REPRESENTATIVE OF THE APPLICANT AUTHORIZED TO COMMUNICATE WITH THE CTO S.A. CERTIFICATION BODY:**	
	Name and surname:	**E-mail:**
	Position:	**Phone:**

7.	**ATTACHMENTS TO THE APPLICATION**	
	Technical documentation of the product enabling conformity assessment (product descriptions, drawings, list of materials and components used, installation and usage instructions, calculations)	☒
	Test reports (if applicable)	☐
	Production Quality Assurance System documentation	☐
	ISO 9001 certificate (if available)	☐
	Module B certificates (if applicable)	☐
	Sample declaration of conformity and marking (if applicable)	☐
	Extract from the National Court Register (KRS) or Business Activity Register	☐
	Copy of the mandate from the manufacturer authorizing the representative to act on their behalf regarding specific tasks (applies to the Authorised Representative)	☐
	Copy of the cooperation agreement between the manufacturer and the brand owner (applies to the Brand Owner)	☐

8.	**APPLICANT'S STATEMENT:**	
	I undertake to provide the complete technical documentation of the product. I agree to comply with the certification requirements. The test results were conducted by a laboratory accredited for the test methods included in the test reports (if applicable). I declare that the conformity assessment application for the above-mentioned product has not been submitted to any other notified body.	
	Place and date:	**Signature of the person authorized to represent the Applicant:**

1) Tick as appropriate

2) Cross out where not applicable