**Foreword**

Dear Applicant,

Please complete and sign the Application form for conformity assessment (testing, inspection, certification) of your product and send it back to your point of contact via letter or e-mail.

Note: please fill in this Application form in the same way as you wish to see your company name, address and product details in the report and/or on the certificate.

**Use these Declarations as applicable:**

* **Declaration for multiple factories**: See in Annex I  
   *(in case the product is manufactured in more than one factory)*
* **Declaration of trademarks from the same Manufacturer**: See in Annex II  
   *(in case there are more than one trademarks, but owned by the same company)*
* **Declaration of trademarks from different Trademark owner**: See in Annex III  
   *(in case there are more than one trademarks, but owned by different companies)*

Thank you!

Undersigned Applicant initiates the conformity assessment as described below.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant** | | | (Certificate Holder) | | | — | | |
| Company name: \* |  | | | | | | | |
| No.: \* |  | Street / P.O.B.: \* | | |  | | | |
| ZIP Code: \* |  | City: \* | |  | | | Country: \* |  |
| Contact person: |  | | | | | Position: |  | |
| Phone: |  | | | | | E-mail: |  | |
| **Manufacturer** | | |  | | | same as Applicant | | |
| Company name: \* |  | | | | | | | |
| No.: \* |  | Street / P.O.B.: \* | | |  | | | |
| ZIP Code: \* |  | City: \* | |  | | | Country: \* |  |
| Contact person: |  | | | | | Position: |  | |
| Phone: |  | | | | | E-mail: |  | |
| **Factory** | | |  | | | same as Applicant  same as Manufacturer  more than 1 Factory, fill declaration in Annex I | | |
| Company name: \* |  | | | | | | | |
| No.: \* |  | Street / P.O.B.: \* | | |  | | | |
| ZIP Code: \* |  | City: \* | |  | | | Country: \* |  |
| Contact person: |  | | | | | Position: |  | |
| Phone: |  | | | | | E-mail: |  | |
| **Financing** | | | (invoice to be sent) | | | same as Applicant (in this case fill in Tax No.)  same as Manufacturer (in this case fill in Tax No.) | | |
| Company name: \* |  | | | | | | | |
| No.: \* |  | Street / P.O.B.: \* | | |  | | | |
| ZIP Code: \* |  | City: \* | |  | | | Country: \* |  |
| Tax number: \* |  | | | | | | | |
| Contact person: |  | | | | | Position: |  | |
| Phone: |  | | | | | E-mail: |  | |
| **Product** | | | (Please attach a list if place is  not enough) | | | additional page(s) attached | | |
| Product name: \* |  | | | | | | | |
| Type, article No.: \* |  | | | | | | | |
| Trade Mark (TM): \* |  | | | | | TM owned by Manuf. – fill declaration Annex II  TM not owned by Manuf. – fill declar. Annex III | | |
| **Needed service** | | | (Please attach a list if place is  not enough) | | | additional page(s) attached | | |
| Tests: | Type test;  Others: | | | | | | | |
| Inspection: | Inspection;  Shipment Inspection | | | | | | | |
| Certification: | Certificate of Conformity;  Certificate (acc. to directive);  CB Certificate  ENEC Mark License;  TÜV Mark License;  other: | | | | | | | |
| Specification /if known: | Standard:  Law, directive: | | | | | | | |
| Further information: |  | | | | | | | |

\* The data marked with an asterisk need to be given in the same form as required on the certificate, or in case of Financing: data needed for invoicing.  
 Product name may be modified in report / certificate according to applicable standard.

Applicant declares that it will supply any information and documentation needed for conformity assessment of products in subject and it will follow the rules and requirements of the applicable testing / inspection / certification scheme, furthermore the Application is not lodged for other accredited / designated / notified body.

If the Applicant is different from the Manufacturer: the Applicant declares that it is authorized to act on behalf of the Manufacturer for the application and that the manufacturer undertakes the same obligations as the applicant.

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|  |  |  |  |
| Place | Date |  | Legally binding signature and seal of Applicant |

**Annex I – Declaration of multiple factories**

It is declared that the product specified in the Application is manufactured at the below listed factories and that the sample(s) submitted for evaluation is (are) representative of the products from each factory.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company name: \* |  | | | | | | |
| No.: \* |  | Street / P.O.B.: \* | |  | | | |
| ZIP Code: \* |  | City: \* |  | | | Country: \* |  |
| Contact person: |  | | | | Position: |  | |
| Phone: |  | | | | E-mail: |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Company name: \* |  | | | | | | |
| No.: \* |  | Street / P.O.B.: \* | |  | | | |
| ZIP Code: \* |  | City: \* |  | | | Country: \* |  |
| Contact person: |  | | | | Position: |  | |
| Phone: |  | | | | E-mail: |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company name: \* |  | | | | | | |
| No.: \* |  | Street / P.O.B.: \* | |  | | | |
| ZIP Code: \* |  | City: \* |  | | | Country: \* |  |
| Contact person: |  | | | | Position: |  | |
| Phone: |  | | | | E-mail: |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company name: \* |  | | | | | | |
| No.: \* |  | Street / P.O.B.: \* | |  | | | |
| ZIP Code: \* |  | City: \* |  | | | Country: \* |  |
| Contact person: |  | | | | Position: |  | |
| Phone: |  | | | | E-mail: |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company name: \* |  | | | | | | |
| No.: \* |  | Street / P.O.B.: \* | |  | | | |
| ZIP Code: \* |  | City: \* |  | | | Country: \* |  |
| Contact person: |  | | | | Position: |  | |
| Phone: |  | | | | E-mail: |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company name: \* |  | | | | | | |
| No.: \* |  | Street / P.O.B.: \* | |  | | | |
| ZIP Code: \* |  | City: \* |  | | | Country: \* |  |
| Contact person: |  | | | | Position: |  | |
| Phone: |  | | | | E-mail: |  | |

\* The data marked with an asterisk need to be given in the same form as required on the certificate.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Place | Date |  | Legally binding signature and seal of Manufacturer |

**Annex II – Declaration of trademarks from the same Manufacturer**

It is permitted to have multiple brands or trademarks in a single Certificate, only if the brands or trademarks are owned by the same corporate family of the Manufacturer.

It is declared that the below listed brand names / trademarks are owned by the Manufacturer:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Manufacturer (trademark owner)** | | | | | | |
| Company name: |  | | | | | |
| No.: |  | Street / P.O.B.: | |  | | |
| ZIP Code: |  | City: |  | | Country: |  |
| Product name: |  | | | | | |
| Type, article No.: |  | | | | | |
| Trademark(s): (text or image) |  | | | | | |

|  |  |  |  |
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|  |  |  |  |
| Place | Date |  | Legally binding signature and seal of Manufacturer |

**Annex III – Declaration of trademarks from different Trademark owner**

Note: use this declaration per Trademark owner.

The below given Trademark owner declares that the below listed brand names / trademarks may be used by the below given Applicant / Manufacturer for the below specified product.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Trademark owner** | | | | | | |
| Company name: \* |  | | | | | |
| No.: \* |  | Street / P.O.B.: \* | |  | | |
| ZIP Code: \* |  | City: \* |  | | Country: \* |  |
| **Applicant / Manufacturer** | | | | | | |
| Company name: \* |  | | | | | |
| No.: \* |  | Street / P.O.B.: \* | |  | | |
| ZIP Code: \* |  | City: \* |  | | Country: \* |  |
| Product name: |  | | | | | |
| Type, article No.: |  | | | | | |
| Trademark(s): (text or image) |  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Place | Date |  | Legally binding signature and seal of Trademark owner |