

# APPLICATION

## for carrying-out the EC type-examination

in the Central Institute for Labour Protection – National Research Institute (CIOP-PIB)  
00-701 Warszawa, Czerniakowska 16, POLAND

# EC

to **ISSUE / EXTEND**<sup>1)</sup> the certificate of EC type-examination according to the essential safety requirements of Directive 98/37/EC for machines and safety components (O.J. 23.7.98 L 207/42)

**MANUFACTURER<sup>1)</sup> /AUTORISED REPRESENTATIVE<sup>1,2)</sup>:**

Name according to adequate register:

Address:

Phone/Fax:

Contact Person (Name, Surname, Position, phone, e-mail):

NACE-code:

Official Registration Number:

VAT Number:

**SUBJECT OF EC TYPE-EXAMINATION:**

Name of product, type, varieties:

Destiny:

ICS Symbol:

Number of the EC type-examination certificate<sup>3)</sup>:

Manufacturer (name of classification, address):

Place of production (if different from the legal address of the manufacturer):

- 1) *delete as appropriate*
- 2) *authorized representative – individual or legal person with an legal address at the territory of Republic of Poland or in European Union, authorized by the producer to act in his name. The authorization should be in written form and may be checked by authorities which oversee the introduction of products onto the market*
- 3) *fill in case of application for extension of the EC type-examination certificate*

**WE ACCEPT, THAT THE EC TYPE-EXAMINATION CERTIFICATE WILL BE ISSUED AFTER:**

- obtaining a positive examination result,
- making the full payment for the execution of EC type-examination.

**WE COMMIT TO:**

- meet all the requirements of applying for EC type-examination, included in current legal rules and CIOP-PIB procedures,
- issuing the prepayment of 1000 PLN and the final payment for the execution of EC type-examination, independently from its result,
- not applying for the EC type-examination for the above mentioned product in other notified body.

**WE DECLARE THAT:**

- we have the right to dispose the product in order to apply for the EC type-examination execution,
- the documentation enclosed to the application is actual and adequate to the product.

.....  
Name, Surname, Position, Signature      Name, Surname, Position, Signature  
of persons authorized to contract the obligations under the rules of mover representation

.....  
Place

.....  
Date

Date of application:*	
Evidential number:	
Name and surname of a receiver of the application:	

**Annex to the Application form  
for carrying-out the EC type-examination**

Technical documentation of a product	Mark adequately	Status of a document (symbol, number, date of issue, etc)	Remarks*
• overall drawing of the machinery	<input type="checkbox"/>		
• control circuits drawings	<input type="checkbox"/>		
• full detailed drawings	<input type="checkbox"/>		
• list of requirements applied during the designing of the product, indicating the reference documents: – harmonized European standards – not harmonized European standards, national standards, draft standards or other technical regulations – essential health and safety requirements of the Directive 98/37/EC for machines and safety components (O.J. 23.7.98 L 207/9)	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
• description of methods (means) adopted to eliminate hazards presented by the machinery	<input type="checkbox"/>		
Other documents concerning the product:	<b>Mark adequately</b>		<b>Remarks*</b>
• catalogue cards	<input type="checkbox"/>		
• photographs	<input type="checkbox"/>		
• certificates	<input type="checkbox"/>		
• others	<input type="checkbox"/>		
Copy of an "instruction for use"	<input type="checkbox"/>		

Reports from independent testing laboratory (if proceeded)

Number	Date	Testing Laboratory

Number of examples of the product delivered to CIOP-PIB or indication of the place of its location in order to execute the laboratory tests.		Remarks*
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		Status of the document (date of issue)	Remarks*
If an authorized representative is a mover – documents confirming that the producer authorizes the representative to act in his name	<input type="checkbox"/>		