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| APPLICATIONfor EU type-examination | | | | | | | | | | | EU |
| **at the Central Institute for Labour Protection – National Research Institute** 00-701 Warszawa, ul. Czerniakowska 16 tel. (+48) 22 623-32-62, fax 22 62336-93, www.ciop.pl | | | | | | | **Centre for Certification of Personal Protective and Working Equipment**  90-133 Łódź, ul. Wierzbowa 48 tel. (+48) 42 648-02-44, 42-648-02-48, ocw@ciop.pl | | | | |
|  | | | | Notified Body No. 1437 | | | | | | |  |
| \*) Registration number: | | | | | | \*) Submission date: | | | \*) Received by:Name and surname | | |
| **1.** | | \*\*) Purpose of notification: | | | | | | | | | |
| ISSUANCE REVIEW in relation to: update of the state-of-the-art  modification of the approved type of personal protective equipment arising from reasons other than adjustment to the current state-of-the-art  extension by inclusion of additional personal protective equipment models consistent with the same scope of application, the same standards and reference documents  expiry of the EU type-examination certificate in accordance with the requirements of Regulation (EU) 2016/425 of the European Parliament and of the Council of 9 March 2016 on personal protective equipment and repealing Council Directive 89/686/EEC in Polish  in English | | | | | | | | | | | |
| **2.** | | \*\*) **APPLICANT: MANUFACTURER** 1) **/**  **AUTHORISED REPRESENTATIVE** 2) **/**  **OWN BRAND MANUFACTURER** 3) | | | | | | | | | |
| **3.** | | **Applicant’s details:** *(complete according to the relevant register or provide a seal / invoicing details)* | | | | | | | | | |
| Name:  Click here to enter text.  Address:  Click here to enter text. | | | | | | | | Contact person: *(Name and surname, position, phone, fax, e-mail)*  Click here to enter text. | | | |
| REGON (Statistical ID No.): Click here to enter text. | | | | | NIP (Tax ID No.): Click here to enter text. | | |
| phone/fax: Click here to enter text. | | | | | e-mail: Click here to enter text. | | |
| **4.** | | **Manufacturer’s details / Manufacture site:** *(complete if the Applicant is an authorised representative or an own brand manufacturer)* | | | | | | | | | |
| Name:  Click here to enter text.  Address:  Click here to enter text. | | | | | | | | | | | |
| \*\*\*) I request that the name and address of the original manufacturer not be stated on the certificate  *(applies to own brand manufacturer’s notification)* | | | | | | | | | | | |
| **OBJECT OF EU TYPE-EXAMINATION** | | | | | | | | | | | |
| **5.** | **Name of the product, type, model, symbol:** *(according to the definitions of the relevant standard if applicable):* | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | |
| **6.** | | **Intended use and/or safety parameters / harmonised standard number / technical specification number:** | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | |
| **7.** | | **EU type-examination certificate No.:** Click here to enter text.  *(complete when applying for review of the EU type-examination certificate or when the Applicant is an own brand manufacturer)* | | | | | | | | | |
| **8.** | | **EU type-examination agreement No.:** Click here to enter text.  *(complete if the Applicant concluded agreement with CIOP-PIB)* | | | | | | | | | |
| **9.** | | **DECLARATION OF CONSENT TO RECEIVE AN INVOICE IN ELECTRONIC FORM** | | | | | | | | | |
| \*\*\*)  **We hereby agree to receiving an invoice in electronic form** (pursuant to Article 106n of the Act of 11 March 2004 on value added tax)   1. The invoice in electronic form should be sent to the following e-mail address: ……………………………………………………………………………… 2. The change of the previously provided e-mail address may be made in writing only. 3. A consent to receive an electronic invoice (e-invoice) may be withdrawn at any time. The withdrawal should be made in writing. 4. An electronic invoice will be sent by CIOP-PIB from the e-mail address: [efaktury@ciop.pl](mailto:efaktury@ciop.pl) as an attached PDF document (Portable Document Format). 5. We hereby declare that we have read the terms and conditions of sending and receiving e-invoices by CIOP-PIB and accept them. (Terms and conditions are available at: http://www.ciop.pl/efaktury\_regulamin). | | | | | | | | | | | |
| **10.** | | | **List of attachments to the Application** | | | | | | | **Mark as appropriate** \*\*) | |
| Technical documentation of personal protective equipment including information consistent with Annex III to Regulation 2016/425 | | | | | | | | | |  | |
| Laboratory testing reports | | | | | | | | | |  | |
| Photographs of the product | | | | | | | | | |  | |
| Product model/ samples for testing | | | | | | | | | |  | |
| Other (e.g. statements, agreements, etc.) | | | | | | | | | |  | |

**List of laboratory testing reports** *(if attached)*

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| --- | --- | --- | --- |
| 11. | Number | **Date** | **Testing laboratory** |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. |

**WE UNDERTAKE:**

* to pay a non-refundable initial fee of 300 EURO, within 14 days after the submission of the application to the following bank account:   
  Bank PEKAO S.A., 95124062471111000049759963, SWIFT CODE: PKOPPLPW, which is a prerequisite to start the EU type-examination process.
* pay a fee for the laboratory tests as well as the final fee for the EU type-examination, regardless of their results.
* to sign an agreement on EU type-examination and review of the EU type-examination certificate.

**WE DECLARE THAT:**

* the documentation enclosed with the application is relevant to the product and up-to-date.
* we did not submit an application for EU type-examination for the above product at another notified body.

|  |  |  |
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| **12.** | Click here to enter text.  …………………………......... | Click here to enter text.  …………………………………… |
|  |
| *Name, surname, position, signature* | *Name, surname, position, signature* |
| ***of the person(s) duly authorised to make commitments on behalf of the Applicant, stamp*** | |
| Click here to enter text.  ………………………………. | Click here to enter text.  ………………………………….. |
| *place* | *date* |

***INSTRUCTIONS:***

\*) *to be completed by CIOP-PIB*

\*\*) *mark with* ***X*** *as appropriate*

\*\*\*) *mark with* ***X*** *when a relevant decision is made*

***manufacturer*** *– any natural or legal person that manufactures personal protective equipment or has it designed or manufactured, and markets it under his name or trademark*

***authorised representative*** *– any natural or legal person established within the European Union (including Poland) who has received a written mandate from a manufacturer to act on his behalf in relation to specified tasks*

***own brand manufacturer*** *– a specific group of manufacturers, a natural or legal person that markets under his name or trademark a product designed and/or manufactured by an original manufacturer, identical in construction and technology with the product placed on the market by the original manufacturer*