

APPLICATION for 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

CIOP  **PIB** Notified Body No. 1437

<i>to be completed by CIOP-PIB</i>	Registration number:	Submission date:	Received by: Name and surname
1. Purpose of notification (mark with X as appropriate):			
<input type="checkbox"/> ISSUANCE <input type="checkbox"/> REVIEW in relation to: <input type="checkbox"/> update of the state-of-the-art <input type="checkbox"/> modification of the approved type of personal protective equipment arising from reasons other than adjustment to the current state-of-the-art <input type="checkbox"/> extension by inclusion of additional personal protective equipment models consistent with the same scope of application, the same standards and reference documents <input type="checkbox"/> 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 <input type="checkbox"/> in Polish <input type="checkbox"/> in English			
2. APPLICANT (mark with X as appropriate):			
<input type="checkbox"/> MANUFACTURER ¹⁾ / <input type="checkbox"/> AUTHORISED REPRESENTATIVE ²⁾ / <input type="checkbox"/> OWN BRAND MANUFACTURER ³⁾			
<ol style="list-style-type: none"> 1. 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 2. 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 3. 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 			
3. Applicant's contract and invoice details: (complete according to the relevant register or provide a seal)			
Name and address:		Contact person: (Name and surname, position, phone, fax, e-mail)	
REGON (Statistical ID No.):	Company NIP (Tax ID No.):		
phone/fax:	e-mail:		
4. Manufacturer's details / Manufacture site(s): (complete if the Applicant is an authorised representative or an own brand manufacturer and these sites are different from those specified in item 3)			
Name and address:			
OBJECT OF EU TYPE-EXAMINATION			
5. Name of the product, type, model, symbol: (according to the definitions of the relevant standard if applicable):			
6. Intended use and/or safety parameters and harmonised standard number / technical specification number:			
7. EU type-examination certificate No.: <i>(complete when applying for review of the EU type-examination certificate or when applying for a brand certificate)</i>			
8. EU type-examination agreement No.: <i>(complete if the Applicant concluded agreement with CIOP-PIB)</i>			

9. DECLARATION OF CONSENT TO RECEIVE AN INVOICE IN ELECTRONIC FORM

(mark with X when a relevant decision is made)

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 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 with X as appropriate
	Technical documentation of personal protective equipment including information consistent with Annex III to Regulation 2016/425	<input type="checkbox"/>
	Laboratory testing reports	<input type="checkbox"/>
	Photographs of the product	<input type="checkbox"/>
	Product model/ samples for testing	<input type="checkbox"/>
	Copy of manufacturer's mandate to act on manufacturer's behalf on agreed tasks (applies to the Authorised Representative)	<input type="checkbox"/>
	Copy of partnership agreement concluded between manufacturer and own brand manufacturer (applies to the Own Brand Manufacturer)	<input type="checkbox"/>
	Declaration confirming the contractor's data and the place of business activity conducted by the contractor	<input type="checkbox"/>
	Other (e.g. statements, agreements, etc.)	<input type="checkbox"/>

List of laboratory testing reports *(if attached)*

mark with X if more space required, and provide a list of all test reports in a separate attachment to the application

11.	Number	Date	Testing laboratory

12. Obligations and declarations *(mark with X as appropriate):*

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; NOTE: the initial fee does not apply when submitting an application for review of the EU type-examination certificate and, if the Applicant is an own brand manufacturer.
- to bear the costs of delivery of the above documents in the event of their return by CIOP-PIB or we agree to the destruction of documents submitted to CIOP-PIB.
- 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.
- I consent to the processing by Central Institute for Labour Protection - National Research Institute (Czerniakowska 16, 00-701, Warsaw) of my personal data, submitted to Centre for Certification of Personal Protective and Working Equipment for the purpose of concluding an agreement on the implementation of the procedure of the assessment of conformity according to Module B (pursuant to Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC - General Data Protection Regulation) – **the clause applies to Applicants who are legal persons.**
- I consent to the processing by Central Institute for Labour Protection - National Research Institute (Czerniakowska 16, 00-701, Warsaw) of my personal data, submitted to Centre for Certification of Personal Protective and Working Equipment for the purpose of concluding an agreement on the implementation of the procedure of the assessment of conformity according to Module B (pursuant to Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC - General Data Protection Regulation) – **the clause applies to Applicants who are natural persons.**

.....
Name, surname, position, signature
of the person(s) duly authorised to make commitments on behalf of the Applicant, stamp

place

.....
Name, surname, position, signature

date