Undersigned Applicant initiates the assessment and verification of constancy of performance procedure based described below.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The place of application submission (Notified Body): product certification body or  factory production control certification body** | | | | | | | | | |
| Company name: \* | | TÜV Rheinland InterCert Kft. | | | | | | | |
| ZIP Code: | | H-1143 | | City: | Budapest | | | country: | Hungary |
| Street/No.: | | Gizella út 51-57. | | | | | P.O.B.: |  | |
| Tax number | |  | | | | phone: | (+36)1/4611-100 | | |
| Contact person: | |  | | | | fax: | (+36)1/4611-199 | | |
| Position: | |  | | | | e-mail: | [tuv@hu.tuv.com](mailto:tuv@hu.tuv.com) | | |
| **Applicant** | (Name, address and other details of the manufacturer or the EU, the EFTA and the EEA territory authorized representative; the latter case, the representative must be authorized by the manufacturer, who is also owner of the Certificate or the performance evaluation report) The certificate will be issued for the applicant. | | | | | | | | |
| Company name: \* | |  | | | | | | | |
| ZIP Code: | |  | | City: |  | | | country: |  |
| Street/No.: | |  | | | | | P.O.B.: |  | |
| Tax number: | |  | | | | phone: |  | | |
| Contact person: | |  | | | | fax: |  | | |
| Position: | |  | | | | e-mail: |  | | |
| **Manufacturer** | | | | | | \*\* as same as applicant: | | | |
| Company name: \* | |  | | | | | | | |
| ZIP Code: | |  | | City: |  | | | country: |  |
| Street/No.: | |  | | | | | P.O.B.: | GPS adatok: | |
| Contact person: | |  | | | | phone: |  | | |
| Position: | |  | | | | fax: |  | | |
| E-mail: | |  | | | | | | | |
| **Factory** | | | (Please attach a list if there  are alternative factories) | | | \*\* as same as applicant:  \*\* as same as manufacturer  \*\* It has not yet been manufacturing site inspection | | | |
| Company name: \* | |  | | | | | | | |
| ZIP Code: | |  | | City: |  | | | country: |  |
| Street/No.: | |  | | | | | P.O.B.: |  | |
| Contact person: | |  | | | | phone: |  | | |
| Position: | |  | | | | fax: |  | | |
| E-mail: | |  | | | | | | | |
| **Financing** | | | (invoice to be sent) | | | \*\* as same as applicant:  \*\* as same as manufacturer | | | |
| Company name: \* | |  | | | | | | | |
| ZIP Code: | |  | | City: |  | | | country: |  |
| Street/No.: | |  | | | | | P.O.B.: |  | |
| Tax number: | |  | | | | phone: |  | | |
| Contact person: | |  | | | | telefax: |  | | |
| Position: | |  | | | | e-mail: |  | | |
| **Product** | | | * Identification of the product, according to the relevant EN or ETA; * In case of Series list and description to accompany | | | | | | |
| Product name: \* | |  | | | | | | | |
| Type, article No.: \* | |  | | | | | | | |
| Trade Mark: \* | |  | | | | | | | |
| Intended use: Installation | |  | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required service** | | (Please attach a list if the place is  not enough) |  | |
| constancy of performance assessment, verification | 1+ \*\* 1\*\* 2+\*\* 3\*\* | | | |
| Specification (if known): | \*\* Standard  \*\* European Technical Assessment / ETA  (Documents must be submitted for testing under the given technical specifications and - if made - the copy of ETA...) | | | law:  305/2011/EU Regulation \*\* |

***In addition, please provide the following information and statements:***

|  |  |
| --- | --- |
|  | The cost bearer will bear the costs arising under the contract and will pay it for the notified body, named in point 1 (NB). |
|  | The applicant and the manufacturer is working with product certification body (NB), the manufacturer ensures to the representative of NB to visit the manufacturer's site and inspect the factory production control and processes during working hours. |

Please take an X to above boxes to make the declarations.

Date:

,

Applicant Authorized Signature

Manufacturer authorization \*\*:

The undersigned ............................................. as the product manufacturer described in this application, with signing of this declaration authorize the applicant .................. to act as an authorized representative in the certification process and comply with the European Parliament and the Council 305 / 2011 / EU regulations. The authorized representative is entitled and obliged to take all the measures and made a statement, which is required for the issuance of certificates.

Alulírott ……………………………………….mint a jelen kérelemben szereplő termék gyártója jelen nyilatkozat aláírásával meghatalmazom a …… ……………….kérelmezőt, hogy a tnaúsítási folyamatban az Európai Parlament és Tanács 305/2011/EU rendelete szerint a gyártó meghatalmazott képviselőjeként eljárjon. A meghatalmazott képviselő jogosult és köteles minden olyan intézkedést és nyilatkozatot megtenni, ami az adott tanúsítvány kiadásához szükséges.

Date:

,

Manufacturer Authorized Signature

\* The candidate undertakes to give the names and addresses correctly, in such a form which is required to include in the certificate and/or test report.

\*\* Fill out of this application is mandatory, if applicant is acting as an authorized representative on behalf of the manufacturer.

\* A jelölt fenti neveket és címeket kérjük olyan formában megadni, ahogyan a tanúsítványon kívánják szerepeltetni.

\*\* Kitöltése kötelező, ha kérelmezőként a gyártó nevében egy meghatalmazott képviselő jár el.

**TÜV Rheinland InterCert Kft. – H-1143 Budapest, Gizella út 51-57.  
tel.: (+36)1/4611-100; fax: (+36)1/4611-199; e-mail:** [**tuv@hu.tuv.com**](mailto:tuv@hu.tuv.com)**; honlap:** [**www.tuv.com**](http://www.tuv.com)