INSTITUTE OF TEXTILE TECHNOLOGIES

CERTEX Sp. z o.o. (Ltd.)

NOTIFIED BODY No. 2534

ul. Górnicza 30/36 PL 91-765 Łódź

Tel./Fax: + 48 42 657 1137 E-mail: biuro@ittcertex.pl

Registration number
Date
Official: name and surname

APPLICATION FOR EC QUALITY CONTROL SYSTEM FOR THE FINAL PRODUCT

according to:

 Art. 11 A Council Directive of 21 December 1989 on the approximation of the laws of the Member States relating to personal protective equipment (89/686/EEC)

Application should be submitted in 2 copies.

Appropriate field should be marked with \times on its right side.

1. APPLICANT	Enter the full of the compar	•		
Manufacturer ¹ Authorised representative ²	registered or i	•		
^{2.} Address				
^{3.} Tel.	^{4.} Fax	:	^{5.} e-mail:	
^{6.} VATIN:	·	7. Company Registration N	lo.	
8. Contact person: Name, surname, position, Tel., e-m	nail.			
 Place of manufacture: Name, address ³ 				
^{10.} PRODUCT				^{11.} Category
Name of PPE				III
^{12.} Type, model, symbol				
^{13.} Designation				
EC type examination certificate number / notified body number				
^{15.} Conformity assessment program	PRC-3A-CERTEX OT – Certification program N according to EN ISO/IEC 17067			

Strike out, if not applicable

² The applicant should pro vide the dokument to confirm that is authorised to represent the manufacturer.

³ Fill if is different than Applicant address

The applicant hereby declares that:

- will enable employees of ITT CERTEX Ltd. access to the premises for the purpose of EC quality control system of the final product and to take samples for testing and access to documents related to the certified product,
- consents to subcontracts within a set range, for example performing product tests, EC quality control of the final product,
- will provide the necessary information to carry out the EC quality control system for the final product,
- product submitted for EC quality control system has not been the subject of cooperation between the Applicants and the ITT CERTEX Ltd. (eg. in the design, manufacturing
- will pay the fee for the conduct of the EC quality control system for the final product according to the rates of the Institute of Textile Technology CERTEX Ltd.

	Place, date	Applicant (stamp and signature)
Mutual obligations	of the parties are set forth in Contract No.	of
	Responsible for carrying out the conformity assessment:	Manager of CAB CERTEX:
		Name and surname - signature