

# APPLICATION FOR CERTIFICATION

REFERENCE No.  DATE  ORDER No.

The fields to be filled in by VVUU, a.s.

## 1. APPLICANT

MANUFACTURER

AUTHORIZED REPRESENTATIVE

In case you choose the option of "authorized representative", it is necessary to submit the authorization of the manufacturer.

<b>BUSINESS NAME</b>	<input type="text"/>		
Street, No.	<input type="text"/>	Comp. No.	<input type="text"/>
City	<input type="text"/>	Tax ID	<input type="text"/>
ZIP Code	<input type="text"/>	Phone	<input type="text"/>
Country	<input type="text"/>	E-mail	<input type="text"/>
Bank	<input type="text"/>	SWIFT	<input type="text"/>
Account number (IBAN)	<input type="text"/>		
Statutory representative (name and function)	<input type="text"/>		
Person in charge of dealing with VVUU, a.s. (name and function)	<input type="text"/>		

## 2. PRODUCT

<b>PRODUCT NAME</b>	<input type="text"/>		
Type and derived variations	<input type="text"/>		
Trademark	<input type="text"/>		
Applied standards or specification, including issue date	<input type="text"/>		
Scope of required certification, certification scheme	<input type="text"/>		
Application specifications	Issuance of certificate	Certificate Extension	Other (Specify in part 6)

## 3. MANUFACTURER *(if different from an applicant)*

<b>BUSINESS NAME</b>	<input type="text"/>		
Street, No.	<input type="text"/>		
City	<input type="text"/>	ZIP Code	<input type="text"/>
Country	<input type="text"/>		

### SUBCONTRACTOR *(production site if different from the manufacturer's address)*

<b>BUSINESS NAME</b>	<input type="text"/>		
Street, No.	<input type="text"/>		
City	<input type="text"/>	ZIP Code	<input type="text"/>
Country	<input type="text"/>		

### 3. QUALITY MANAGEMENT SYSTEM

QMS of the manufacturer is certified according to ISO 9001	YES <sup>1)</sup> (Please enclose copy of certificate)	NO
QMS of the supplier is certified according to ISO 9001	YES <sup>1)</sup> (Please enclose copy of certificate)	NO

### 4. SUBMITTED DOCUMENTS

Please check which documents were delivered with the application

- A complete description of the product and of intended use
- Design and manufacturing drawings and schemes of the product and of its components, sub-assemblies and circuits
- The descriptions and explanations necessary for the understanding of the drawings and schemes of product operation
- The references of the standards that have been applied for product
- The results of the design calculations, inspections and examinations carried out and tests carried out to verify product operation
- Test reports to verifying product operation
- A description of the means used by the manufacturer in the course of the production of the product to ensure the conformity of the product with the design specifications (in case it is not documented by a quality management certificate, see part 3 of this application)
- Warning of hazards or restrictions on the usability of the product
- Instructions for use
- Marking

### 5. REQUIRED LANGUAGE OF FINAL DOCUMENTATION

All	Certificate	Assessment Report (appendix included)	Test and Inspection Report	Other (specify in part 6)
English				
German				
Other (specify in part 6)				

### 6. FURTHER INFORMATION (in case of ambiguities to be explained, list them below)

### 7. DECLARATION OF APPLICANT

**The applicant declares:**

- that they have not submitted the application with any other Certification Body, that the data in this application are complete and truthful ;
- that the applicant takes over the responsibility for the damages caused by declaring of incorrect or incomplete data;
- that he knows and meets the required certification criteria and has experience in carrying out related activities;
- that he knows the certification procedure of Certification Body for Products at VVUU, a.s. and its rights and obligations as a manufacturer.

**APPLICATION FILED IN BY**

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Name and position of the responsible person \*)

Date

Signature, stamp

\*\*) The responsible person is considered to be the statutory representative or the authorized person acting on the basis of authorization of the applicant.

**Note:** The documentation submitted together with application that have not been used to perform the ordered activities will be shredded.

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## APPLICATION REVIEW

*(to be filled in by Certification Body)*

Application:

Conforms to requirements CB  
*(see S-34, chapter 7.3)*      YES      NO

Reviewed by:

**Ing. Tomáš Dorazil,**  
Head of Certification Body

**Ing. Jiří Šorf,**  
Deputy Head of Certification Body

Designated employee  
/ Expert of Cert. Body:

Date:

Signature: