

APPLICATION

for conformity assessment according to government order no 116/2016 Coll. and directive 2014/34/EU of the European Parliament and of the Council and for other procedures and services

EQUIPMENT AND PROTECTIVE SYSTEMS INTENDED FOR USE IN POTENTIALLY EXPLOSIVE ATMOSPHERE

REFERENCE NO. DATE ORDER NO.

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

1. APPLICANT

MANUFACTURER

AUTHORISED REPRESENTATIVE

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

BUSINESS NAME	<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

PRODUCT NAME	<input type="text"/>
Type and derived variations	<input type="text"/>
Trademark	<input type="text"/>

Classification Protective systems: Equipment-group II

3. MANUFACTURER (if different from an applicant)

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

PRODUCTION SITE (if different from the manufacturer's address)

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

SUBCONTRACTOR (subcontractor of the complete product)

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

4. TYPE OF REQUIRED CONFORMITY ASSESSMENT

new certification

supplement or expanding certificate
(fill in number of original EU-type examination certificate)

5. CONFORMITY ASSESSMENT PROCEDURES

5.1 EU type-examination (module B) – new certification (fill in Annex No. 1)
Notified Body number performing the conformity to type procedure pursuant to D or F

1019 (select option 5.2 or 5.3 below)

Other Notified Body (fill in its number)

5.2 Conformity to type based on quality assurance of the production process (module D)
(fill in Annex No. 2)

5.3 Conformity to type based on product verification (module F)

(fill in Annex No. 1 (only in case of documentation changes compared to the documentation submitted at EU type examination))

5.4 Conformity based on unit verification (module G)

(fill in Annex No. 1)

6. TYPE OF PROTECTIVE SYSTEMS FOR CONFORMITY ASSESSMENT

Type of protective systems	Applicable standards or technical specifications including year of edition
Explosion resistant equipment	
Explosion venting devices	
Explosion suppression systems	
Explosion isolating equipment	
Flameless explosion venting devices	
Explosion isolation flap valves	
Foreseen marking	

7. REQUIRED LANGUAGE OF FINAL DOCUMENTATION

	All	Certificate	Evaluation Report (appendix included)	Test Report	Other (specify in part 9)
English					
German					
Other (specify in part 9)					

8. LIST OF COMPLETED ANNEXES

Annex No. 1

Annex No. 2

Annex No. 3

Annex No. 4

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

10. DECLARATION OF APPLICANT

By affixing the signature to the application, the applicant declares:

- that they have not submitted the application with any other Notified Body (refers only to point 5.1 – module B);
- that the data in this application are complete and truthful and that the applicant takes over the responsibility for the damages caused by declaring of incorrect or incomplete data;
- that they know and meet the required certification criteria and has the experience to perform the related activities;
- that they know the certification procedure of VVUU, a.s. and their rights and obligations as the manufacturer.

APPLICATION FILLED IN BY

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 has not been used to perform the ordered activities will be shredded.

ANNEX NO. 1

to application for conformity assessment according to government order no 116/2016 Coll. and directive 2014/34/EU of the European Parliament and of the Council and for other procedures and services

PRODUCT

List of attached technical documentation for module B, F, G

no.	document	no. or reference	date	revision
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

ANNEX NO. 2

to application for conformity assessment according to government order no 116/2016 Coll. and directive 2014/34/EU of the European Parliament and of the Council and for other procedures and services

PRODUCT

List of attached documentation for module D

no.	document	no. or reference	date	revision
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

ANNEX NO. 3

to application for conformity assessment according to government order no 116/2016 Coll. and directive 2014/34/EU of the European Parliament and of the Council and for other procedures and services

PRODUCT

CHECKLIST OF DOCUMENTS FOR CERTIFICATION

Mandatory information for module B, F, G

General description of the product
Conceptual design and manufacturing drawings and schemes of components, sub-assemblies, circuits, etc.
Descriptions and explanations necessary for the understanding of those drawings and schemes and the operation of the product
List of the harmonised standards applied in full or in part, descriptions of the solutions adopted to meet the essential health and safety requirements, including a list of other relevant technical specifications applied
Results of design calculations made, examinations carried out, etc.
Test reports
Analysis and assessment of the risk(s)
Safety instructions manual (foreseen)
Marking label (foreseen)
Declaration of other hazards (Annex No. 4)
Test sample(s)

Others, optional for module B, F, G

Datasheets of components and materials
Certificates and documentation of included components
Test reports with accreditation

Minimum scope for module D

Description of the quality objectives and the organizational structure, responsibilities and powers of the management with regard to product quality
Corresponding manufacturing, quality control and quality assurance techniques, processes and systematic actions that will be used
Examinations and tests that will be carried out before, during and after manufacture, and the frequency with which they will be carried out
Quality records, such as inspection reports and test data, calibration data, qualification reports on the personnel concerned, etc.
Means of monitoring the achievement of the required product quality and the effective operation of the quality system
Information about product category
Technical documentation of the approved type and a copy of the EU-type examination certificate

ANNEX NO. 4

to application for conformity assessment according to government order no 116/2016 Coll. and directive 2014/34/EU of the European Parliament and of the Council and for other procedures and services

PRODUCT

DECLARATION OF OTHER HAZARDS, REQUIREMENT 1.2.7

 on behalf of

declares under their own responsibility that

product

type

meets the safety requirements established in the standards.

Place

date

signature of product responsible person

ANNEX NO. 5

to application for conformity assessment according to government order no 116/2016 Coll. and directive 2014/34/EU of the European Parliament and of the Council and for other procedures and services

GENERAL GUIDELINE FOR DOCUMENT SUBMISSION

General requirements for submitting the documentation are provided bellow:

1. All document sheets shall include a reference or number and version (revision) of the document. They shall be signed by a technical manager and shall be dated. In the event of descriptive documentation, the reference or number, date and signature may be indicated in the first or last page only. In that case, the documentation shall be paginated.
2. The description shall include all relevant characteristics of the equipment or product (current, voltage, ...), as well as those characteristics related to the materials used in the manufacturing process.
3. The product marking shall comply with the government order no 116/2016 Coll. and directive of the European Parliament and of the Council 2014/34/EU and the requirements of applicable standards relating to the particular product.
4. A model or product type shall be included and, where applicable, also the list of product series or variants.
5. If additional documentation is needed for a better description of the equipment, such as datasheets of components, of used materials, etc., it shall be submitted as an annex.
6. If they are available, the certificates of products or components incorporated in the equipment, shall be submitted as well.

Please, attach the application with:

- A list covering the essential health and safety requirements providing that the product has been designed on the basis of principles not included in harmonized standards.

Note:

- The preferred format for all documents is PDF.
- As a general rule, all documents shall be as concise as possible but showing the safety principles clearly. This will simplify the list of inspected documents and the subsequent process for amendments along product life cycle. Any subsequent change on these documents will result in issuing a supplement to the certificate.