

# APPLICATION

for conformity assessment according to the Government Order No. 97/2016 Coll. and according to Directive 2014/28/EU of the European Parliament and of the Council

## EXPLOSIVES FOR CIVIL USES

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"/>

### 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. CONFORMITY ASSESSMENT PROCEDURES

**3.1 EU type-examination (module B) according Annex III of Directive 2014/28/EU**

*Notified Bodies number performing the conformity to type procedure pursuant to C2 or D*

1019 (select option 3.2 to 3.5 below)

Other Notified Body (fill its number)

**3.2 Conformity to type based on internal production control plus supervised product checks at random intervals (module C2) according Annex III of Directive 2014/28/EU**

**3.3 Conformity to type based on quality assurance of the production process (module D) according Annex III of Directive 2014/28/EU**

**3.4 Conformity to type based on product quality assurance (module E) according Annex III of Directive 2014/28/EU**

**3.5 Conformity to type based on product verification (module F) according Annex III of Directive 2014/28/EU**

**3.6 Conformity based on unit verification (module G) according Annex III of Directive 2014/28/EU.**

**3.7 Verification of modifications to the approved product according to point 7 of module B of Annex III of Directive 2014/28/EU**

### 4. OTHER ACTIVITIES

**4.1 Examination and tests of explosives for usage in hazardous environments according to Regulation No. 293/2003 Coll.**

**4.2 Other** (Specify in part 6)

### 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

**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 3.1 – 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 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      YES      NO  
*(see S-34, chapter 7.3)*

Reviewed by:

**Ing. Tomáš Dorazil,**  
Deputy Director NB 1019

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

Designated employee  
/ Expert of Cert. Body:

Date:

Signature: