

Manufacturer		Mandatory / Authorized Representative <i>(if delegated by the Manufacturer to submit the application for certification in its stead)</i>	
Company name		Company name	
Registered office address		Registered office address	
Production site address			
Telephone		Telephone	
Fax		Fax	
E-mail		E-mail	
Vat No.		Vat No.	
Web site <i>(if existing)</i>			
Reference person for contact with ITALCERT		Reference person for contact with ITALCERT	
Identification of ITALCERT offer			

Identificazione DPI

Type / category	
Model (s)	
Identification code (if applicable)	
Technical File identification	
Standard (s) used for the design of the PPE	
Identification of the EC Certificate to update (if applicable)	

Short description of the PPE (Main characteristics and intended use)

Requested certification – Annex V – Module B

- UE type examination – new certification**
- UE type examination – updating of a certificate already issued** (*design change or range extension*) – In this case it is necessary to indicate the reference of the certificate (s) to update and, if appropriate, the identification of the Notified Body that have issued the certificate (if different from ITALCERT).

Conformity to type - (only for Category III PPE)

- Task assignment to ITALCERT of the control of the conformity to type based on internal production control plus supervised product checks at random intervals (Module C2)**
- Task assignment to ITALCERT of the control of the conformity to type based on quality assurance of the production process (module D)**
- Conformity to type assigned to the Notify Body (identification number): _____**

In case of choosing the procedure Module C2 the address of the venue for the sampling of finished products will be subject to subsequent agreement

In case of choosing the procedure Module D, if the case of the first certification, please provide the following additional information:

Number of staff (employees or not) involved directly or indirectly in the production of PPE:

Description of any outsourced processes:

If the manufacturer is ISO 9001 registered please specify the identification of the Certification Body that issue the certificate:

The manufacturer or, in his stead, the Mandatory / Authorized Representative, expressly declares to:

- **Commit to send to ITALCERT the technical documentation described at Annex III of Regulation UE 2016/425**
- **Do not have presented to another Notified Body an application for certification for the same equipment of this document.**
- **Commit to send to Italcert the sample of the equipment necessary for the execution of the certification process.**
- **Have read and fully approved the contents of the ITALCERT regulation RG134 that define the executive procedures and related responsibilities. This regulation is available on our web site www.italcert.it in the section of PPE certification.**

This application, filled and signed, shall be sent by fax (number ++39 0266101479) or by e-mail to one of the following address: montesanto@italcert.it - banfi@italcert.it

Place

Date

Name, function and signature of the Legal Representative or of a delegated person

Application review (by ITALCERT)