APPLICATION FORM

Regulation (EU) 2016/425 – Personal Protective Equipment

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

ITALCERT S.r.l. – V.le Sarca 336 – I 20126 Milano – Tel. +39.02.66104876 - Fax +39.02.66101479
Email: italcert@italcert.it - www.italcert.it – Capitale Sociale € 88.870 interamente versato
Registro Imprese di Milano n. Iscr. e C.F. 10598330156 – C.F./p.iva 10598330156 – REA: Milano - 1387323

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PPE identification	
Type / Intended use	
Category	
Model (s)	
Identification code *(if applicable)*	
Short description of the PPE, including the type of protection for which the PPE was designed (examples: head protection, respiratory protection)	
Variants of the product (if applicable)	
Differences of the PPE variants in reference to the main model	
Accessories/Non integral or integral protective devices	
Technical file identification	
Reference standard(s) *(used for the design of the PPE)*	
Is the PPE “Multirisk” and offers types of protection for which the manufacturer has applied or will apply for certification to another Notified Body?	
Identification of the Certificate to update *(if applicable)*	
Other information about the PPE not reported above	

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Requested certification – Annex V – Module B
☐ **EU type examination – new certification** ☐ **EU type examination – update of an existing certificate** *(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)
☐ **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)** ☐ **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 Module C2 procedure is selected, the address of the venue for the sampling of finished products will be subject to subsequent agreement*
In case Module D procedure is selected and this is the application for 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 EU 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 red 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 e-mail to one of the following addresses: banfi@italcert.it , leonardi@italcert.it, montesanto@italcert.it

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

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