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| APPLICATIONFOR THE EU TYPE-EXAMINATION OF PERSONAL PROTECTIVE EQUIPMENTin accordance with the Regulation (EU) 2016/425 of the European Parliament and of the Council of 9 March 2016 on personal protective equipment and repealing Council Directive 89/686/EEC |
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| **1.APPLICANT** |
| **APPLICANT’S STATUS** *(Tick* **×** *in order to mark correct field)* | **MANUFACTURER** a) | **…**  | **OWN BRAND MANUFACTURER** b | **…**  | **AUTHORISED REPRESENTATIVE** c) | **…** |
| 1. Manufacturer – means any natural or legal person who manufactures PPE or has it designed or manufactured, and markets it under his name or trademark
2. Own brand manufacturer – any natural or legal person who places on the market PPE designed and / or manufactured by the physical manufacturer, but under own brand name or marked with the own trademark. The PPE product construction and technological process of the own brand PPE is same as PPE product placed on the market by the real manufacturer.
3. authorised representative – means any natural or legal person established within the Union who has received a written mandate from a manufacturer to act on his behalf in relation to specified tasks.
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| **2. APPLICANT DETAILS****Company name & address:***(Please indicate full registered company details)* |  |
| **Phone / Fax:**  |  | **e-mail:** |  |
| **VAT Id.:** |  | **An official company registration No. [[1]](#footnote-1)** |  |
| **Contact person:***Name, surname, company position, Tel. , e-mail.* |  |
| **Manufacturer details / An address of the production site**: **[[2]](#footnote-2)***Name / An address*  |  |
| **3. PRODUCT****Identification of the personal protective equipment:***Please indicate the product name, type, symbol, etc.Presented product identification will be used at every stage of the conformity assessment.* |  |
| **Conformity with**: **[[3]](#footnote-3)** |  |
| **PPE Category:** |  | **Confirmation assessment module:** | **B** | **…** | **C2** | **…** |
| **4. PURPOSE OF APPLICATION** *(Tick* **×** *as appropriate)* |
| **…** | **The EU type examination certificate language version issue**  | **…** | The Polish language version  | **…** | The English language version |
| **…** | **Review of the EU type-examination certificate due to:**  |
| **…** | The modification of an approved PPE type, |
| **…** | Revision of the state of arts  |
| **…** | An extension for an additional PPE models, in accordance with the same as original model harmonized standards and / or technical specifications, the same field of application and the same performance levels |
| **…** | expiry of the validity period |
| **…** | **conformity to type based on internal production control plus supervised product checks at random intervals (module C2)** |
| **5. NUMBER OF THE CURRENT EU TYPE-EXAMINATION CERTIFICATE***(Please indicate only if you apply for Review of the EU type-examination certificate or apply for the Own Brand Manufacturer certificate or apply for conformity to type based on internal production control plus supervised product checks at random intervals).* |  |

**AN ATTACHMENTS TO THE APPLICATION**

The following attachments should be attached to the application:

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| 1 | Technical documentation in accordance with the Annex II of the EU Regulation 2016/425  |  |
| 2 | Copies of the laboratory tests reports.  |  |
| 3 | A counter sample of the PPE, representative of the production foreseeable, marked in accordance with the requirements of the standards and / or technical specifications on which the conformity assessment based for. |  |
| 4 | Copy of the authorization letter from the manufacturer – only in the case when the applicant is an authorized representative.  |  |
| 5 | The copy of an agreement between the manufacturer and the own brand manufacturer. |  |

APPLICANT STATEMENTS

**An Applicant hereby declares that:**

1. Comply with all applicable requirements related to applying for the conformity assessment of the PPE, related to the applicable legal regulations and ITT CERTEX procedures.
2. The submitted documentation enclosed to the application is adequate for the product and up-to-date. An initial fee of 250 Euro net will paid base on an invoice issued by ITT CERTEX. Only after confirmed payment of an initial fee the process of the EU type examination can be started. An initial fee is non-refundable in case of resignation during the conformity assessment process. An initial fee does not apply to an application for a certificate review and in the case when Applicant is an Own Brand Manufacturer and in the case of an application for conformity to type based on internal production control plus supervised product checks at random intervals (module C2).
3. To pay the final fee on the base an invoice issued by ITT CERTEX for the conformity assessment, regardless of the result of the assessment.
4. The product submitted for conformity assessment was not the subject of cooperation, including design and production, between the Applicant and ITT CERTEX,
5. the same application has not been applied to any other Notified Body,
6. Agree the processing by ITT CERTEX Sp. z o.o. (91-765 Łódź, ul. Górnicza 30/36) personal data provided to ITT CERTEX Sp. z o.o. in order to implement conformity assessment procedures (in accordance with the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (Text with EEA relevance)
7. Accept / Do not accept to issue and sending an electronic invoices /in accordance with an Article 106n of the Act of March 11, 2004 on tax on goods and services),
8. **An electronic version of an Invoice should be sent on the following email address:** …………………………………………………………………………………………. .

**INFORMATION CLAUSE**

In accordance with an Art. 13 of the on the protection of natural persons with regard to the processing of personal data and on the free movement of such data of 27 April 2016 (Journal of Laws UE L 119 of 04/05/2016) ITT CERTEX Sp. z o.o. informs that:

1. An administrator of your personal data is Instytut Technologii Tekstylnych CERTEX Sp. z o.o. with headquarters in Łódź (91-765), ul. Górnicza 30/36.
2. Contact with the Data Protection Officer regarding the protection of your personal data rodo@ittcertex.pl or in writing to the address of the Company's registered office at the address indicated above.
3. Your personal data will be processed in order to perform the contract – base on art. 6 sec. 1b of the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data or based on the legitimate interest of the administrator.
4. The recipients of your personal data will be entities authorized to obtain personal data on the basis of legal provisions.
5. Your personal data will be processed for a period of 10 years since the date of completion the conformity assessment process by ITT CERTEX or the expiry date of the certificate's or based on the legitimate interest of the administrator.
6. You have the right to access your personal data and receive a copy of it, rectify (revisions), delete or limit the processing, as well to present object to the processing of your personal data by the Company
7. ITT CERTEX subcontractors i.e. accounting departments, legal departments, IT companies, may also have an access to your personal data.
8. You have the right to send the complaint to the President of the Data Protection Office, if you feel that the processing of your personal data affect the provisions of the GDPR.
9. Providing the personal data is voluntary, however refuse of providing data may result in the refusal signing a contract.
10. Your personal data will not be the subject of the automated decision making process (profiling).
11. Your personal data will not be processed for any purpose other than it has been collected.

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| **Place, date**  |  | **Applicant**  |
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***Shaded fields are completed by the ITT CERTEX Certification Department***

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| --- | --- | --- |
| Registration number: |  | Application recipient: |
|  |  |  |
|  |  |  |
| Date of the registration the application: |  |  |
|  |  | ............................................................................. |
|  |  | Name & Surname |

1. Concerns only the Companies registered in Poland. [↑](#footnote-ref-1)
2. Fill in only in the case when the data are different than those given in the point 2 and / or the Applicant is the Own Brand Manufacturer or an Authorized Representative [↑](#footnote-ref-2)
3. Please present the list of the relevant harmonized standards and / or other technical specifications applied in order to confirm the essential health and safety requirements. [↑](#footnote-ref-3)