

Filled by TSÚ Piešťany, š. p. Arrival date:
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Application no.

- For product assessment and for other services connected with conformity assessment of **appliances burning gaseous fuels according to Regulation (EU) 2016/426 of the European parliament and of the council**
- For product assessment and for other services connected with conformity assessment of **efficiency requirements for new hot-water boilers fired with liquid or gaseous fuels according to Directive 92/42/EEC of the European Parliament and of the Council ("Directive") amended with clause 9 Commission Regulation (EU) No. 813/2013**

1. APPLICANT

Trade name:	
Address:	
Country:	
ID:	VAT No:
Registered in Companies Register (position, number):	
Statutory/Authorized representative:	Contact person:
(name, position)	(name, position)
Tel:	Tel:
E-mail:	E-mail:
Bank:	Account:

2. PRODUCER *(do not fill in if the applicant is the producer)*

Trade name:	
Address:	
Country:	
ID:	VAT No:
Statutory/Authorized representative:	Contact person:
(name, position)	(name, position)
Tel:	Tel:
E-mail:	E-mail:

3. PRODUCT

Product trade name:	
Type:	
Derived alternatives:	
<input type="checkbox"/> Repetitive production	<input type="checkbox"/> Custom-made in the number of _____ piece(s)

4. THE APPLICANT ASKS THE NOTIFIED BODY TO REALIZE FOLLOWING ACTIVITIES:

- EU type-examination** – Annex III point 1 of the Regulation (EU) 2016/426 (module B)*
- Conformity to type**– Annex III point 2 of the of Regulation (EU) 2016/426 (module C2)
- Production quality assurance** – Annex III point 3 of the of Regulation (EU) 2016/426 (module D)
- Conformity based on unit verification** - Annex III point 6 of the of Regulation (EU) 2016/426 (module G)

*Caution: Together with the module B is required to choose either module C2 or module D. In the separate module B is impossible to affix the CE marking with Notified Body Number for the product / s.

5. THE APPLICANT ASKS THE **PRODUCT CERTIFICATION BODY** TO REALIZE FOLLOWING ACTIVITIES:(*outside the scope of the Authorized/Notified Body's activities*)

- Conformity assessment with essential requirements of other Directives EU relating to the product:
 Directive 2014/35 EU „LVD“ Directive 2014/30/EU „EMC“
- Other (specify)

Issue of test reports; language:
 Slovak English Bilingual: Slovak - English

Issue of certificates; language:
 Slovak English Bilingual: Slovak - English

6. **ACCOMPANYING DOCUMENTS**

- Technical documentation *Annex no.*
- Brief description of production technology *Annex no.*
- Test reports, technical reports, etc. (*if available*) *Annex no.*
- Management System Certificate and last audit report *Annex no.*
(*if Management System has been certified*)
- Authorization for the Applicant containing the scope of powers given by the producer *Annex no.*
(*if the application is not submitted by the producer*)

7. **DECLARATION OF APPLICANT**

The development of the product as a type is finished and all data and technical documentation presented in this conformity assessment application are complete and they represent product state on the date of the submission of this application. We hereby declare that we have not asked any other notified body for conformity assessment of the product.

8. **DUTIES OF APPLICANT**

Submit documents needed for conformity assessment in Slovak or English language as stated in point 6. Enable sampling or submit the product sample so that the conformity assessment can be completed in a given time. Provide the cooperation during the conformity assessment in the scope required by the Notified Body.

Remarks to the filling of application:

The application is filled in individually for each product type; in case of various product types, these are given in annex of this application. Supporting documents in accordance with part 6, dealing with various products needed for product conformity assessment could be added to only one application and they can be referred to in other applications. Send only one exemplar of the application and supporting documents. All materials shall be sent by e-mail or by registered post at the address presented in the head of the application form. If you need more space than is given in this application, use a special annex.

In _____ date

Statutory/Authorized representative (name and signature):

Stamp