



# Slovak Institute of Metrology

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Notified body 1781

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|----------------------------------------------------------------------------------|--|
| <b>Number of Application:</b><br>(to be filled by Slovak Institute of Metrology) |  |
|----------------------------------------------------------------------------------|--|

## APPLICATION FOR CONFORMITY ASSESSMENT

*In accordance with the Directive 2014/32/EU of the European Parliament and the Council of 26 February 2014 on the harmonisation of the laws of the Member States relating to the making available on the market of measuring instruments*

### 1. Applicant (manufacturer or authorised representative)

|                                                                                  |                                                                                                                                      |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Company name:</b>                                                             |                                                                                                                                      |
| <b>Address:</b>                                                                  | <b>VAT (for the invoicing purposes):</b>                                                                                             |
| <b>Representative of the company (name and surname):</b>                         | <b>Phone:</b><br><b>Email:</b>                                                                                                       |
| <b>Representative authorised for communication</b><br>(name, surname, position): | <b>Phone:</b><br><b>Email:</b><br><b>I agree to receive information:</b><br><input type="checkbox"/> yes <input type="checkbox"/> no |

### 2. Manufacturer

|                      |               |
|----------------------|---------------|
| <b>Company name:</b> | <b>Phone:</b> |
|                      | <b>Email:</b> |
| <b>Address:</b>      |               |

### 3. Procedure / Modules

#### MODULE D1 - QUALITY ASSURANCE OF THE PRODUCTION PROCESS

- ☐ Approval of the quality system
- ☐ Amendment/extension of the quality system

### 4. Declaration of the applicant:

Signing this application, I confirm that the information provided in this application is correct and that I have not applied to any other notified body (authorised body) for conformity assessment. I agree with the requirements for conformity assessment according to the Directive 2014/32/EU. I undertake to comply with all the requirements for conformity and to provide all necessary information.

**5. For the following sites:**

|                     |  |
|---------------------|--|
| <b>Full address</b> |  |
|                     |  |
|                     |  |

**6. Information for the measuring instruments category envisaged:**

| Measuring instrument | Type designation | Measuring instruments category |
|----------------------|------------------|--------------------------------|
|                      |                  |                                |
|                      |                  |                                |
|                      |                  |                                |
|                      |                  |                                |
|                      |                  |                                |

**7. Description of quality assurance \*/**

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*\*/ In case of lack of place, please add enclosure*

**Quality management system of manufacturer is certified in accordance with the EN ISO 9001:2015**

☐ yes ☐ no

**Testing laboratory of manufacturer is accredited in accordance with the EN ISO/IEC 17025:2017**

☐ yes ☐ no

**8. Measuring instrument parts ordered from subcontractors, that may affect product conformity**

| Measuring instrument part | Subcontractor |
|---------------------------|---------------|
|                           |               |
|                           |               |
|                           |               |
|                           |               |

**9. External consultancy services used for quality management system**

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**10. List of enclosed documentation \*/**

| No. | Title                                                                                                                                         | Marking |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1   | Quality manual                                                                                                                                |         |
| 2   | Copies of already existing quality systems certificates                                                                                       |         |
| 3   | Copies of EU- type examination certificates                                                                                                   |         |
| 4   | Quality objectives and the organisational structure, responsibilities and powers of the management with regard to product quality;            |         |
| 5   | Corresponding manufacturing, quality control and quality assurance techniques, processes and systematic actions that will be used;            |         |
| 6   | Examinations and tests that will be carried out before, during, and after manufacture, and the frequency with which they will be carried out; |         |
| 7   | Quality records, such as inspection reports and test data, calibration data, qualification reports on the personnel concerned;                |         |
| 8   | Means of monitoring the achievement of the required product quality and the effective operation of the quality system.                        |         |
|     |                                                                                                                                               |         |
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|     |                                                                                                                                               |         |

*\*/ Further documents may be requested within the scope of the assessment procedure*

.....  
Date

.....  
Name and Signature