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|  **Slovak Institute of Metrology**Karloveská 63, 841 04 Bratislava, Slovak Republic Notified body **1781** |
| Phone: ++421/2/602 94 337, ++421/2/602 94 380; Email: mazur@smu.gov.sk |
|  | **Number of Application:***(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 of 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, authorised representative, importer or distributor)*

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| **Company name:** |
| **Address:** | **VAT** *(for the invoicing purposes)***:** |
| **Representative of the company** (name and surname)**:** | **Phone:****Email:** |
| **Representative authorised for communication**(name, surname, position): | **Phone:****Email:****I agree to receive information:****⬜ Yes ⬜ No** |

##### 2. Procedure / Modules

##### MODULE F: CONFORMITY TO TYPE BASED ON PRODUCT VERIFICATION

##### 3. Product information

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| **Type of measuring instrument:** | **Type designation:** |
| **Manufacturer** *(company name):* |
| **Number of measuring instruments / serial numbers:**  |
| **EU-type examination certificate\*:** | **Certificate no.:**  |
| **Issued by:** |

\* A valid EU-type examination certificate (EC-type examination certificate) issued by another notified body is a mandatory annex to the application

**4. Declaration of the manufacturer/applicant:**

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

**5. This application is at the same time an order for the conformity assessment activities and the issuance of a certificate of conformity.**

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*Date*  *Name and signature*

**Závery NO týkajúce sa preverenia a potvrdenia žiadosti:**

*(Conclusions of the notified body concerning both the verification and confirmation of the application - to be filled by the Slovak Institute of Metrology)*

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| Obsahuje žiadosť všetky potrebné údaje na posúdenie zhody uvedeného meradla: (The application contains all necessary data for conformity assessment of measuring instrument):  | ⬜ yes ⬜ no |
| Je priložená technická dokumentácia postačujúca: *(Is attached technical documentation sufficient)* | ⬜ yes ⬜ no |
| Je NO schopná poskytnúť požiadané posúdenie zhody: *(Is the Notified Body competent to provide requested conformity assessment)* | ⬜ yes ⬜ no |
| Poznámka / Notice:*V prípade nedostatku miesta uviesť v prílohe* /*In case of limited space please add enclosure* |
| **Preveril / Reviewed by:****Bratislava, date** | **Schváli / Approved by:****Bratislava, date** |