

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:* <u>mazur@smu.gov.sk</u>

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 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 (recast)

1. Applicant (manufacturer, authorised representative, importer or distributor)

Company name:				
Address:	VAT (for the invoicing purposes):			
Representative of the company (name and surname):	Phone:			
	Email:			
Representative authorised for communication	Phone:			
(name, surname, position):	Email:			
(maine, sumaine, position).	I agree to receive information:			
	\Box yes \Box no			

2. Manufacturer

Company name:	Phone: Email:
Address:	

3. Procedure/Modules

MODULE H1: CONFORMITY BASED ON DESIGN EXAMINATION

Approval of type

Amendment/extension of EU design examination certificate

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. Measuring instruments

Type of measuring instrument:	Type designation:			
Subject of application (measuring range; auxiliary equipment, which can be connected to the type mentioned, or are its part; presentation in which the measuring instrument type is produced;)				

6. Requirement to perform tests according to the technical specifications (standards, OIML recommendations, etc.):

Paragraph (point)	Technical specification (ISO 4064, OIML R 49)

7. List of enclosed documentation */

No.	Title	Marking

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

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)

Obsahuje žiadosť všetky potrebné údaj	e na posúdenie zhody uvedeného meradla			
	r conformity assessment of measuring instrument):	yes no		
	kumentácia o systéme kvality postačujúca	yes no		
Je NO schopná poskytnúť požiadané p	osúdenie zhody			
(The Notified Body is competent to provide	e 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:	Schválil / Approved by:			
Bratislava, date:	Bratislava, date:			