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| --- | --- | --- | --- | --- | --- | --- | --- |
| Richiedente | | | | | | | |
| Company name | | VAT | | The Applicant is the Authorised Representative[[1]](#footnote-1):  Company name: | | | |
| Applicant’s full address | | | Location | | | ZIP | Province |
| Contact person | 🕿 Telephone no. | | 🗎 Fax no. | | 🖳 e-mail | | |

|  |
| --- |
| Machinery description – Annex IV of the directive |
| Type (Cat. Annex IV):       Brand name:  Description: |
| Full compliance with harmonised standards  Partially compliance with harmonised standards  Standards on which the assessment is requested: |

|  |
| --- |
| Requested certification |
| New certification  Extension of certified type\*  Renewal of certificate (5th year)\* |
| \* In case of Extension or Renewal please write down the ECO’s certificate number: |

|  |
| --- |
| Requested conformity assessment procedure |
| **Annex IX** – EC type-examination  Mass production  Unit |
| **Annex X** – Full Quality Assurance \*\* no. Of equivalent employs |
| \*\* IN case of Annex X request please attach the certificate issued according to ISO 9001, if any. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Location where to conduct the type-examination or quality system audit | | | | | |
| Same location of the manufacturer | |  | | | |
| Address | | Place | | ZIP | Province |
| Contact person | 🕿 Telephone | 🗎 Fax | 🖳 e-mail | | |

The applicant declares, according to DGPR 679/2016/EU and national low Dlgs n. 196 del 30 giugno 2003, to agree to the treatment of the supplied by fill-in the present form, in compliance with the related legal purposes, as previewed by applicable rules.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Place, date) (Stamp and signature of the applicant)

|  |  |
| --- | --- |
| Space reserved to ECO Certificazioni S.p.A. | ECO’s incoming ID |
| If the request has been received by telephone/e-mail from the staff of the organism fill-in with name and surname and date of reception. In this case, a copy of the request must be sent to the customer together with the offer.    Date name and surname |  |
|  |
| Signature of the personnel whom received the request  Notes, if any: |
| For the economic quantification it is expected  no. Man/day tot. \_\_\_\_\_\_\_,  no. prod./day \_\_\_\_\_\_\_,  costs from price list  Operative notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Review carried out by RS il: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RS signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

1. The Authorised Representative shall be established in EU. ECO Certificazioni Spa reserves the right to request evidence of the mandate contract including the appointment for the CE certification activities management. Report the company name. [↑](#footnote-ref-1)