| *PO-DBA/18-Z1* | *Date of revision:*  | *Date of issue the form: 31-05-2023* |
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| ***Zakład Badań Atestacyjnych Jednostka Certyfikująca*** | **APPLICATION** |
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|  |
| Application for:/area of assessment requested/ |
|  |
| - management system certification according to ISO 9001 |  |  |
|  |
| - approval of the quality system of the production process - Annex IV of Directive 2014/34/EU (Module D) |  |  |
|  |
| - approval of the product quality system - Annex VII of Directive 2014/34/EU (Module E) |  |  |
|  |
| - re-certification/approval of the quality system\* |  |  |
|  |
| - other, *complete .........* |  |  |
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|  |
| Reference document: |
|  |
| - PN-EN ISO 9001:2015-10 |  |  |
|  |
| - PN-EN ISO/IEC 80079-34:2020-09 |  |  |
|  |
| - other, *complete .........* |  |  |
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| Requested scope of certification/the scope of certification of the quality management system in connection with the product (including service), process, etc., if applicable, for each division/ |
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| Requested scope of products manufactured under the approved quality system/applies to the approval of a production quality system or product, specify the scope of certification, product type, Ex marking and provide the number of the EU type examination certificate/ |
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|  |
| Number of divisions performing the same activity, in different locations: |  |  |
|  |
|  |
| Sector |
|  |
|  | EA Code | Sector | NACE/PKD Code |  |  |
|  |
|  | 17 | Metals and metal products | 24 without 24.46;  |  |  |
|  |
|  |  |  | 25 without 25.4, 33.11 |  |  |
|  |
|  | 18 | Machines and their attachments | 25.4, 28, 30.4, 33.12, 33.2 |  |  |
|  |
|  | 19 | Electrical and optical devices | 26, 27, 33.13, 33.14, 95.1 |  |  |
|  |
|  |
| Requested area of certification |
|  |
| - whole organization |  |  |
|  |
| - divisions, *list it:* |  |  |
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| Name and address(es) of the organization and its physical locations requested for certification: |
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|  |
| Applicant's quality management system |
|  |
| Does the Applicant have a quality management system? | yes |  | no |  |  |
|  |
| Is the quality management system certified? | yes |  | no |  |  |
|  |
| ***If the Applicant has a certified quality management system,*** *provide the date, number, scope of the certificate, reference standard and name of the certification body or attach a copy of the certificate with the scope of certification.* |
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| Legal status: |
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| Description of the activity: |
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|  |
| Human resources:/The effective number of staff, which consists of all full-time personnel involved in the scope of certification, including personnel working on each shift/ |
|  |
| Specify the exact number of staff: |
|  |
| Overall employment |  | Personnel employed in the production of Ex products |  |  |
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|  |
| Technical resources: |
|  |
|  |  |  |  |  |
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| Subcontracting the processes: |
|  |
| yes |  | no |  |  |
|  |
| *If "yes," specify which processes are subcontracted:* |
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|  |
| Use of consultation with respect to the management system: |
|  |
| yes |  | no |  |  |
|  |
| *If "yes," provide the consultant's name:* |
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|  |
|  |
| Declarations by the Applicant |
|  |
|  | * I agree to comply with the certification/conformity assessment requirements and to provide all information necessary for management system certification/quality system approval.\*
* The documentation complies with the requirements of item. 3.2 of Annex IV/Annex VII\* of Directive 2014/34/EU.\*
* I declare that:
* the application for approval of production/product quality system has not been submitted to another notified body\*
* the application for certification has not been submitted to another certification body\*
* I have the right to use the documentation of the quality management system, as well as technical documents and EU type examination certificates of products manufactured under the approved quality system.
 |
| *\* Delete if not applicable* |
|  |
|  |  |  |  |  |  |  |
|  | /Name, function/position held / |  | / signature / |  | / date / |  |
|  |
|  |
| Zgłoszenie wyrobu pismem zlecającym |
|  |
|  |  |  |  |  |  |  |
|  | */ Letter no. /* |  | / Name of ordering person/ |  | / date / |  |
|  |
|  |
| Registration of the application (to be completed by the Notified/Certification Body): |
|  |
| **Application No.** |  |  |
|  |
|  |  |  |  |  |  |  |
|  | */ First name, surname /* |  | */* signature / |  | / date / |  |