

	MISCAREA ROMANA PENTRU CALITATE MRC-OCS Location: Craiova, street Parului, no. 8, code 200346 tel: 0351 451047; fax: 0251 545553, mail: office@mrco.ro , web: www.mrco.ro Notified Body No. 2275
	REQUEST FOR CONFORMITY ASSESSMENT AND CERTIFICATION

Application Number (to be completed by MRC-OCS):

1. Applicant

Company name (legal entity):		CIF:	
Nr. Register Of.Reg.Com		IBAN	
Adress:			
*			
	Tel:	Fax:	
	E-mail:		

* if the address for correspondence is different from the main office address, then also write the address for correspondence

2. Certification module required

- | | |
|--|---|
| <input type="checkbox"/> Directive 2014/31/UE - NAWI | <input type="checkbox"/> Directive 2014/32/UE - MID |
| <input type="checkbox"/> EC type examination | <input type="checkbox"/> Module A1 - Test product |
| <input type="checkbox"/> EC product checking | <input type="checkbox"/> Module B – Type Examination |
| <input type="checkbox"/> EC product unit checking | <input type="checkbox"/> Module F – Product checking |
| | <input type="checkbox"/> Module F1 – Product checking |
| | <input type="checkbox"/> Module G – Product unit checking |

Renewal** of Certificate no.:

** apply to the (EC) type examination

3. Manufacturer (company name, company, etc., address, tel., fax, e-mail)

Company name (legal entity)		CIF:	
Nr. Register Of.Reg.Com		IBAN	
Adress:			
*			
	Tel:		Fax:
	E-mail:		

4. Means of measuring (name, brief description, main characteristics, type)

Certificate no. (for F modules and EC product checking):.....

Production (no. of pieces) provided annual and the annual production over the past two years, for module A1:

Year Year Provided for year

5. Number of pieces and series (only for checking (EC) product / product unit)

.....

.....

6. Right to use MRC-OCS mark:

Yes No

7. The person authorized by the applicant (to represent the interests)

.....

.....

(name, surname, position, address, tel., fax, e-mail)

8. Documentation attached (in case of EC product verification and module F, is attached only the EC type examination certificate)

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.....
.....
.....

9. Place of manufacture (only for (EC) type examination)

.....
.....

10. Location where ia proposed to conduct (EC) verification of the product / product unit

.....
.....

11. Initiation fee

was paid into the MRC account

.....
.....(document name, number, date of payment, etc.).

In this application we attach:

- a) - Preliminary Assessment Questionnaire - completed (attached only for (EC) type examination);
- b) - A copy of the payment document.

12. Statement

Confirm that the information provided in this application is correct. I also confirm, that this application has not been submitted to another notified body.

I agree to meet the requirements for certification and provide any necessary information. We take full responsibility for compliance with the provisions of Regulations presented in the map of informative documents.

Name and surname:	<input type="text"/>	Position:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

CERTIFICATION ORDER ANALYSIS PERFORMED ON MRC-OCS:
(to be completed by MRC-OCS)

The application was reviewed with the conclusions:

1. Information about the applicant organization and the products are enough to carry out the audit:

YES

NO

2. Certification requirements are clearly defined, documented and understood:

YES

NO

3. It is resolved any differences of understanding / interpretation between MRC-OCS and the applicant:

YES

NO

4. MRC-OCS has the capability to provide conformity assessment services

YES

NO

5. Are being taken into account the field of certification, location or locations where applicant organization operates, the time required to complete audits and any other elements which influence the certification activity or any other special conditions - such as language used by the applicant.

YES

NO

Certification Director:

Name and Surname: _____ Signature: _____

Date: _____