1. Identification of the applicant (manufacturer, supplier or his authorized representative):
Name of applicant organization:
_____

Address of applicant organization: city_____, county / district _____, street _____, no. _____, postal code _____, phone / fax _____, e-mail _____ web address _____.

Trade Registry: No _____, Fiscal Identification Code _____, IBAN _____, open at the bank _____.

Applicant's legal representative:
Name and surname: _____, function _____, phone/fax _____, mobile _____, e-mail _____.

2. Identification of the measuring instrument requested to be certified:

3. The reason for which certification is requested:
[] on demand of beneficiaries
[] to increase product competitiveness
[] to comply with the regulatory provisions
[] other reasons (there will be presented and explained in an annex)

4. Other information about the measuring instrument regarded as relevant by the applicant:

_____
_____

5. Data about the organizational chart in connection with the manufacturing of the instrument:

Employees _____, of which
in development/design _____,
in production _____,
in service activities _____,
in inspections and testing _____,
in the quality management system _____.

6. Data and feedback about the manufacturing system:

a) the manufacturing location (name and address):

_____

b) considerations regarding the complexity of the manufacturing process:
[] very little
[] small
[] average
[] high
[] very high

c) duration of the manufacturing process
[] less than one day
[] 1 - 10 days
[] 11 - 30 days
[] over a month

d) list and main characteristics of special and specific equipment used for manufacturing:

_____
_____
_____

e) relevant information for monitoring the manufacturing process:

_____
_____
_____

7. Data and considerations about the quality management system:

[] the manufacturer has implemented a quality management system (QMS);
[] the manufacturer has a non-certified QMS implemented;
[] manufacturer applies a certificate QMS:

a. the number, date and term of validity of the certificate;
b. certifying body.

Contact person responsible for completing the questionnaire:
Name and surname: _____.
Function: _____.
Phone / fax / phone / e-mail: _____.
Date of completing questionnaire : _____.
Signature : _____.