|  |  |  |  |
| --- | --- | --- | --- |
| Maufacturer Name | 制造商名称 | | |
| Manufacturer Address (state manufacturing address as well, if different) | 地址 | | |
| Name and Address of legal representative |  | | |
| Phone | 电话 | Tax Office |  |
| Fax | 传真 | Tax Nr | 税号 |
| E-mail | 邮箱 | Web Site | 网址 |
| Director | 经理 | Name and Position of the person who will contact with Universal Certification | 联系人 |
| Country or Countries which the product will be sold | Europe | | |

The regulation(s) and standard(s) of the product to be certified

|  |  |
| --- | --- |
| Product | Standard / Regulation |
| 产品名称 | EN149:2001+A1:2009/ (EU) 2016/425 Personal protective equipment |

|  |  |
| --- | --- |
| Intended use oft he product (Explain in detail) | Protective mask is intended to protect against particles, protect against both solid and liquid aerosols. |

|  |
| --- |
| Types, models and sizes of the products within the scope of application: |
| 型号 |
|  |
|  |

|  |  |
| --- | --- |
| Information of the body issued EU Type Examination |  |
|  | |
| The risks associated with the use of this PPE product: | |
| Substances and mixtures which are hazardous to health;  Atmospheres with oxygen deficiency;  Harmful biological agents;  Ionising radiation;  High-temperature environments the effects of which are comparable to those of an air temperature of at least 100 °C;  Low-temperature environments the effects of which are comparable to those of an air temperature of – 50 °C or less; | Falling from a height;  Electric shock and live working;  Drowning;  Cuts by hand-held chainsaws;  High-pressure jets;  Bullet wounds or knife stabs;  Harmful noise. |

|  |
| --- |
| Preffered conformity assessment method for Category III products;  Modul C2, Conformity to type, based on internal production control plus supervised product checks at random intervals  Modul D, Conformity to type, based on quality assurance of the production process |

|  |
| --- |
| Here by I declare that, I apply for the first time and only to UNIVERSAL CERTIFICATION for certification of conformity of the product(s) listed above, those are manufactured at the 公司名称 factory located at registered address 公司地址 as;  the owner oft he industry (manufacturer)  or  distributor / reseller authorised by the manufacturer (importer)  I declare that all above information is true and valid. I fully take all responsibilities of any loss due to false information or decalartion given in this application form. |

|  |
| --- |
| Here by I declare to follow any requirements in the Personel Protective Equipments Regulation, within this certification service provided by UNIVERSAL CERTIFICATION according to 2016/425/EU. |

|  |  |  |
| --- | --- | --- |
| Place | Date | Stamp / Authorised Name & Signature |

* The following documents shall be annexed to this application form

1. Technical File (According to 2016/425/EU Annex 3)
2. Official Registry and Operation letters from local authorities
3. Authorised Signatory List
4. Product pictures and technical drawings
5. Control and Testing Equipment List
6. List of equipments used in manufacturing
7. Copy of the authorisation letter (In case authorised representative is appling)

The following section will be filled by UNIVERSAL CERTIFICATION

|  |  |
| --- | --- |
| Application Review, Comments | Review Date, Signature |
|  |  |
|  | |
| UNIVERSAL CERTIFICATION and SURVEILLANCE SERVICES Trade Co.  Necip Fazıl Bulvarı Keyap Sitesi E2 Blok No:44/84 Yukarı Dudullu Ümraniye/İSTANBUL – TURKEY | |