**Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Company | Company name | | |
| Address |  | | |
| Contact at the company |  | Phone |  |
| Email |  |
| Website |  | Fax |  |
| Manufacturer plant(s) covered by scope of certification | Site 1: | | |
| Site 2: | | |
| Site 3: | | |

|  |  |
| --- | --- |
| Contact at TÜV Rheinland: |  |

We are interested in the following services:  
**Audit / Certification within the following scope / application area**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TÜV Rheinland Polska Sp. z o.o., Wolności 347, Pl-41-800 Zabrze, Notified Body for pressure equipment (ID-No. 2627) | | | | | |
| Directive 2014/68/EU – Annex III | | | | | |
| Module D | Module D1 | Module E | Module E1 | Module H | Module H1 |
| Additional details relating to scope of certification: see attachment to the application on next page | | | | | |

**Type of inspection and certification**

|  |  |
| --- | --- |
| ☐ Certification audit | ☐ Surveillance audit (maintenance of certification) |
| ☐ Recertification audit | ☐ Extension of existing certification |
| ☐ Change of existing certification, cause of: | ☐ Transfer of certification from the another Notified Body  \_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ Other: |  |

**Details of the applicant company**

|  |  |  |  |
| --- | --- | --- | --- |
| Number of employees: | Total number of employees in company: | \_\_\_ | [employee](https://dict.leo.org/englisch-deutsch/employee) |
| Employees covered by scope of certification: | \_\_\_ | [employee](https://dict.leo.org/englisch-deutsch/employee) |
|  | | |
| Site 1: Employees covered by scope of certification: | \_\_\_ | [employee](https://dict.leo.org/englisch-deutsch/employee) |
| Site 2: Employees covered by scope of certification: | \_\_\_ | [employee](https://dict.leo.org/englisch-deutsch/employee) |
| Site 3: Employees covered by scope of certification: | \_\_\_ | [employee](https://dict.leo.org/englisch-deutsch/employee) |

**Existing certificate(s)** (Please attach current certificates as an enclosure.)

|  |  |  |
| --- | --- | --- |
| ISO 9001 | ISO 3834 Part: \_\_\_\_\_ | other: \_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| The completeness and correctness of the information and the enclosed attachments are confirmed. |
| We accept the Certification conditions of the Notified Body TÜV Rheinland Polska Sp. z o.o. (Regulated in the documents MS-0034720 Certification conditions BS I and MS-0013558 Certification conditions PED, SPVD available on the website www.tuv.pl/zalaczniki |
| We declare that we have not submitted such an application to another Notified Body. |
| The applicant agrees that the data of this request will be recorded electronically.  We provide the representative of the Notified Body carrying out audit/inspection work access to the place where the tests are to be carried out and the place where the data is kept and the availability of all necessary information. |
| Did a consultant/consultancy provide support for the development or implementation of the PED quality system?  If yes, please name the consultant/consultancy: |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Place, Date) (Name, Surname)

**Appendix:** Details of scope of certification

**Attachment:** information about the scope of certification

|  |  |
| --- | --- |
| Company: | Company name |

**Scope**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of company: | Pressure equipment manufacturer | | Importer | | |
| Distributor | | other: | | |
| Scope of production / type of products produced | (Details of: type of product: pressure vessel, steam boiler, piping, assembly; category etc. | | | | |
| Category of equipment | I | II | | III | IV |
| Number of equipment type (individual design) |  |  | |  |  |
| Amount of annual production |  |  | |  |  |

**Processes:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Design: (relevant for H, H1) | Design by formula | Design by analysis   (FEM) | | Experimental design   method |
| Production: (relevant for D, D1, H, H1) | Mechanical processing | Shaping | | Permanent joining |
| Heat treatment | Corrosion protection | | Assembling |
| other: \_\_\_\_\_\_\_\_\_ |  | |  |
| Testing: (relevant for D, D1, E, E1, H, H1) | NDT | Destructive testing | |  |
| Final product inspection: (relevant for D, D1, E, E1, H, H1) | Final inspection | | Proof test | |
| Production sites: | Which relevant processes are performed on sites (only required if the company has more than one site): | | | |
| Process: | | Site: | |
|  | |  | |
|  | |  | |
|  | |  | |

**Standards:**

|  |  |  |  |
| --- | --- | --- | --- |
| Product standard / regulation: | AD 2000 | EN 13445 | EN 13480 |
| EN 12952 | EN 12953 | ASME Sec. \_\_\_\_ Div. \_\_\_\_ |
| other: \_\_\_\_\_\_\_\_ | other: \_\_\_\_\_\_\_\_ | other: \_\_\_\_\_\_\_\_ |

**Subcontracting:**

|  |  |  |  |
| --- | --- | --- | --- |
| Subcontractor(s) | Which relevant processes are subcontracted: | | |
| Process: | Subcontractor: | Qualifications: |
|  |  |  |
|  |  |  |
|  |  |  |

**Miscellaneous**

|  |  |
| --- | --- |
| „Combi-audit“: | Is a combined audit scheduled?:  Yes  No  together with the certification procedure: |
| Proposed dates: | Proposal date for audit on site at our company: \_\_\_\_\_\_\_\_ |
| Remarks: | (e.g. with regard to welder qualification testing, welding procedure qualification) |