

APPLICATION FOR SUPERVISED PRODUCT CHECKS AT RANDOM INTERVALS

Regulation (EU) 2016/425 – Module C2

Please fill in or check applicable grey fields. You can print or save the form with inserted data.

1 We order the following EU Type examination of PPE at
ZVD d.o.o., Chengdujska cesta 25, 1260 Ljubljana-Polje, Slovenia (NB 1493)

Supervised product checks at random intervals

2 Information on PPE:

Applicant ZVD ID No.:

Applicant:

Address:

VAT ID No.:

Registration number:

Manufacturer or authorised
representative:

Address:

Contact person / email:

Description:

Brand/trade mark:

Type:

Size range:

PPE Category:

Notified body that carried
out EU type-examination:

If notified body that carried out EU type-examination is not ZVD, please include the technical documentation described in Annex III of PPE regulation and a copy of the EU type-examination certificate.

3 Statement:

We proclaim that no request of a similar nature concerning the same model has been presented to another notified body for the deliverance of CE type certification.

Declarations:

By signing at the bottom of this Application the applicant declares:

- to be aware and accept all the conditions imposed by Regulation (EU) 425/2016 and by Certification agreement OB-CO-02 rev 0
- to have full read and understood the basic safety and health requirements (Annex II of EU Regulation) and that the information given in this application are true and correct. The range of risks against which the PPE is intended to protect are included in this application.

Place and date:

Name and signature + Stamp:

Notified body ZVD d.o.o., Chengdujska cesta 25, 1260 Ljubljana-Polje, Slovenia (NB 1493)

Accepts

Refuses

This APPLICATION FOR SUPERVISED PRODUCT CHECKS AT RANDOM INTERVALS

Place and date:

Name and signature: