NOTİFİED BODY APPLICATION FORM (PPE)

1. Application Information	
Applicant/Company	
Address	
Legal Representative	
Contact Person	
Phone	
E mail / Web	
National ID No / Tax Office and Number	
Organization type	☐ Sole Proprietorship ☐ Legal Entity

2. Conformity Assesment Information

*The documents specified in section 3 must be submitted completely as legally required by the regulations for the evaluation of the application. Incomple information and documents may cause delays in the evaluation of the application and the offer.

Applied Regulation	☐ Personel Protective Equipment Regulation
Applied Conformity Assesment Module	☐ Module B ☐ Module C2 ☐ Module B+C2 ☐ Module D
Certification Standard(s)	
PRODUCT;	
Product Category	☐ Category I ☐ Category II ☐ Category III
Name/ Description	
Model / Type	
Intented Use	
Trademark Registration/Patent Number (if any)	
Address where it is located (for Module C2)	

Other

Have you received consultancy services regarding the technical file? If yes, please specify the company and person information.

☐ NO --- ☐ YES.....

Do you have a valid certificate in the same scope? If yes, please indicate the notified body number that issued the certificate and the certificate validity date.

☐ NO --- ☐ YES .....

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Does the product design belong to you?

☐ NO --- ☐ YES.....

Are the changes made to the design documented?

☐ NO --- ☐ YES.....

Do you control the production quality system?

☐ NO --- ☐ YES.....

If you are not manufacturing, does your agreement with the | | manufacturer cover the above topics?

☐ NO --- ☐ YES.....

Are production activities carried out at more than one address?

☐ NO --- ☐ YES.....

If your answer is yes, please fill in the information below

Address:

Production processes at this Production Site:

Subcontractor activities carried out in this area, if any:

Trade Registry Number:

Please indicate your laboratory information related to the field for which certification application is made, if any, human/technical resources of your inspection facility, and the number of personnel working in production.

If there are special conditions and limitations related to the production area, please specify.

Is there a quality management system certificate obtained from a relevant accredited institution for the quality management system?

3. Documents to be Submitted with the Application Form

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1. Yasal Evraklar;

- *Copy of ID*
- *Signature Declaration*
- *Tax Registration Certificate*
- *Turkey Trade Registry Gazette*
- *Legal Representative's Signature Circular*
- *Chamber of Commerce Registration and Activity Certificate (Current)*
- *Tax Registration Certificate (Current)*

2. If the applicant organization and the manufacturer are different, the contract between them

3. Module B certificate and evaluation file if Module C2 application is made

4. Test reports for the product, if available

5. Technical file for the product

6. Risk assessments for the product

7. If a Module D Application is submitted, Quality Manual, List of Procedures and Instructions, Production Process (Flow Chart, etc.)

8. If a Quality Management System Certificate is available, its certificate (ISO 9001, etc.)

4. About PDPL Hakkında
You can review the information text within the scope of the Personal Data Protection Law at our website www.usbcertification.com

5. Declaration and Commitment
As the applicant for the units specified in this document consisting of ( ) pages, declare that I am authorized to request certification for the products in line with the certification scopes specified above in this application. I confirm that all the information specified above fully and accurately reflects the operation. I understand that the information I provide above will be treated confidentially by USB Certification and I accept that it will be shared with legal authorities when necessary. I commit to comply with the provisions of the EU 2016/425 Directive regarding the product I have applied for.

Name Surname	
Position in the Company	
Date	
Signature and Stamp	