* 1. **Details of the applicant**

|  |  |
| --- | --- |
| Company  |       |
| Contact person |       |
| Email |       |
| Phone |       | VAT Number (if applicable) |       |
| Address |       | Country  |       |
| Invoicing Address (if different from the above) |       |

* 1. **Quality of the applicant:**

[ ]  Manufacturer [ ]  Authorized Representative

* 1. **Details of the manufacturer or authorized representative (Complete if different from above):**

|  |  |
| --- | --- |
| Company  |       |
| Contact person |       |
| Email |       |
| Phone |       | VAT Number (if applicable) |       |
| Address |       | Country  |       |

* 1. **Name and address of the production unit (Complete if different from above)**

|  |  |
| --- | --- |
| Company  |       |
| Address 1  |       | Country |       |
| Address 2 |       | Country |       |
| Address 3 |       | Country |       |

* 1. **Risk Category of PPE** **[ ]  Category II [ ]  Category III**

* 1. **For PPE Category III, choice of module for PPE monitoring:**

**Module C2**: Surveillance based on internal control of production and supervised product checks at random intervals

**Module D**: Surveillance based on the quality assurance of the production mode

The UK Approved Body/ EU Notified Body responsible for Module C2 or Module D surveillance:      …… Number:      …………………

* 1. **Product Identification**

| **No.** | **Reference** | **Description** | **Model’s variants** | **Size or Size range** | **Standard[[1]](#footnote-1)** | **Certificate Number (if applicable)** |
| --- | --- | --- | --- | --- | --- | --- |
|  |       |       |       |       |       | **TEC[[2]](#footnote-2)** Number:        |
|  |       |       |       |       |       | **TEC** Number:        |
|  |       |       |       |       |       | **TEC** Number:        |
|  |       |       |       |       |       | **TEC** Number:        |
|  |       |       |       |       |       | **TEC** Number:        |

* 1. **If applying through Regulation 2016/425 Article 12[[3]](#footnote-3), complete the following:**

| **No.** | **Reference** | **Description** | **Model’s variants** | **Size or Size range** | **Standard1** | **Certificate Number** |
| --- | --- | --- | --- | --- | --- | --- |
|  |       |       |       |       |       | **TEC** Number:        |
|  |       |       |       |       |       | **TEC** Number:        |
|  |       |       |       |       |       | **TEC** Number:        |
|  |       |       |       |       |       | **TEC** Number:        |
|  |       |       |       |       |       | **TEC** Number:        |

|  |
| --- |
| **Please return the completed Application Form to:** |
| ALIENOR CERTIFICATION Ltd11 Burford Road, London E15 2STUnited KingdomOr by email to: contact@alienor-certification.uk |

 Place       and date

 Signature of the applicant

 

1. The reference of the designated standards that have been applied for designing and manufacturing the PPE. Where designated standards have not been applied or have been partially applied, specify the technical specification that has been applied to satisfy the applicable essential health and safety requirements. [↑](#footnote-ref-1)
2. TEC = Type Examination Certificate /AET Attestation de Examination de Type [↑](#footnote-ref-2)
3. If the application is for another brand of an existing TEC. [↑](#footnote-ref-3)