**ALIENOR CERTIFICATION Ltd**

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Approved Body number: 8253



Application for Type-Examination Certificate Renewal

**❒ Name and address of the applicant**

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

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

|  |  |
| --- | --- |
| Company  |       |
| Contact person |       |
| Email |       |
| Phone |       |
| VAT Number |       |
| Address |       | Country  |       |

❒ **List of Certificates to renew**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference** | **Standard1** | **N° of the Type-Examination Certificate (TEC)** | **Expiry date of the TEC**  |
|       |       |       |       |
|        |        |        |        |

* Is there any modification in the certified product(s)?

 [ ] Yes [ ]  No

* If yes, on which reference? and what is the nature of the modification?

|  |
| --- |
|       |

* Has the state of the art (the designated standard or the other technical specifications) changed?

 [ ] Yes [ ]  No

* If yes, for which standard1?

|  |
| --- |
|       |

* For Category III PPE, is Module C2 or Module D up to date (decision not older than one year)?

 [ ]  Yes [ ]  No [ ] Not applicable

I, the undersigned

from the company

 Place       and date

 Signature