
	<b>QUALIFORM, a.s.</b> <b>Notified Body No. 1544</b> <b>Mlaty 672/8, Bosonohy, 642 00 Brno, CZ</b>	 <b>QUALIFORM</b>
	<b>REQUEST FOR PERFORMANCE OF THE NOTIFIED BODY</b> pursuant to the Regulation of the European Parliament and of the Council (EU) No. 305/2011 (CPR)	

### 1. DATA OF THE APPLICANT

Incorporated in:		date	
Trade name:		Company ID: *	
		VAT No.: **	
Registered seat / Place of business:			
Street:			
City:			
Post Code:		Country:	
Addresses of all places of business:			
Is the Quality Management System pursuant to ISO 9001 certified		Yes	*** No
Statutory representative, capacity:		Tel.:	
		E-mail:	
Contact person, capacity:		Tel.:	
		E-mail:	
Bank connection:		Account No.:	
No. of employees – in total:		participating in the process of production:	
For the product below the Applicant is: <input type="checkbox"/> manufacturer (producer) <input type="checkbox"/> importer			
<input type="checkbox"/> authorized manufacturer's representative <input type="checkbox"/> distributor			
Name and address of the manufacturer (if the applicant is importer or distributor):			
Place of production (if the applicant is importer or distributor):			
*) the Applicant encloses copy of the Certificate of Incorporation (legal entity), Trade Licence (natural person)			
**) the Applicant encloses copy of the Tax Registration Certificate			
***) the Applicant encloses copy of the Quality Management System Certificate pursuant to ISO 9001			

### 2. DATA ABOUT THE REQUESTED PERFORMANCE OF THE NOTIFIED BODY



The Applicant asks performance of a notified body in accordance with Annex V, Regulation (EU) No. 305/2011 of the European Parliament and of the Council - System of Assessment and Verification of Constancy of Performance in relation to the product listed below:

System 1+

System 1

System 2+

System 3

	<b>QUALIFORM, a.s.</b> <b>Notified Body No. 1544</b> <b>Mlaty 672/8, Bosonohy, 642 00 Brno, CZ</b>	 <b>QUALIFORM</b>
	<b>REQUEST FOR PERFORMANCE OF THE NOTIFIED BODY</b> pursuant to the Regulation of the European Parliament and of the Council (EU) No. 305/2011 (CPR)	

### 3. DATA ABOUT MANUFACTURE /PRODUCTION AND PRODUCT

Detailed description of the product – trade name, type model, brand, workmanship:	
Production: <input type="checkbox"/> piece <input type="checkbox"/> lot <input type="checkbox"/> lot with variable properties (metal structures)	Shift operation: one- <input type="checkbox"/> two- <input type="checkbox"/> three- <input type="checkbox"/> shifts
Determination of the method of using the product in construction:	
Specification of the <b>harmonized technical standard or other technical specification</b> , that will be used for assessment and verification of constancy of performance (features):	
The Applicant declares that the product identified in the application has its origin: <input type="checkbox"/> in CZ <input type="checkbox"/> in other EU countries <input type="checkbox"/> in another country	

The Applicant shall attach the list of technical documentation describing management and control of production, and submit this documentation to the Notified Body.

The Applicant declares that the information contained in the application and in the accompanying documentation is complete, correct and that the provided sample of the product will correspond to its identification according to sec. 2. In case of the application for issue of the European Technical Approval (ETA), the Notified Body No. 1544 declares that it is not authorized for this act and that it issues only its findings in the field of the standard products according to the harmonized European standards.

In \_\_\_\_\_, on:

.....  
 Applicant's seal  
 Name and signature of authorized  
 representative of the  
 manufacturer/producer/importer/distributor

The Applicant fills in the dark framed parts of the form.  
 Be so kind and send the application in one copy to the address: QUALIFORM, a.s., Odbor posuzování shody (Conformity Assessment Department), Mlaty 672/8, 642 00 Brno-Bosonohy, Czech Republic or to e-mail: [keprtova@qualiform.cz](mailto:keprtova@qualiform.cz).

**To be filled in by the Notified Body:**  
 The application has been accepted and examined in accordance with the NB procedures

REVIEW OF TECHNICAL SPECIFICATION	
Identification of technical documentation:	Date and signature of VP