	Instytut Kolejnictwa Ośrodek Jakości i Certyfikacji 04-275 Warszawa ul. Chłopickiego 50	
	tel.: (+4822) 473-1392	tel/fax.: (+4822) 612-3132 e-mail: qcert@ikolej.pl

APPLICATION FOR CERTIFICATION PROCESS

by the NoBo unit

for compliance with the relevant TSIs

Leading person from Quality and Certification Centre of Railway Institute:	Delivery date to Railway Institute:	Registration number: Q/NB/...../.....	Registration date of application:
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Confidential after completing

<input type="checkbox"/> Certification for the first time	<input type="checkbox"/> Certificate extensions / update No.:provide the certificate number.....	<input type="checkbox"/> Certificate validity extension No.:provide the certificate number.....
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PART I – SCOPE OF CERTIFICATION

Product name: type, line, designation:	Year of production:
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Name of the interoperability constituent / subsystem in accordance with the relevant TSI:

Reference Document: Technical Specifications for Interoperability WAG, LOC & PAS, ENE, INF, CCO, CCT, SRT, NOI	<i>Enter the name and date of the relevant EU Commission Regulation (TSI) or national regulations. List of the President of the UTK. Enter what additional optional conditions (according to TSI) are to be covered by the conformity assessment.</i>
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The extension / update of the scope of certification applies to:	<i>Complete in case of extension</i>
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Conditions and limitations of the use of the product:	
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Language requested for the audit and audit report	<input type="checkbox"/> Polish	<input type="checkbox"/> English	<input type="checkbox"/> Other (please write)
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Inferred certificates:	Procedure's modules:	Enter chosen module(s) and stage if applicable (e.g. design, development)
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NoBo	EC Type examination certificate	CB, SB	
	EC Project examination certificate	CH1, SH1	
	QMS approval certificate	CD, CH, CH1, SD, SH1	
	EC Certificate of conformity	A1, CA1, CA2, CF	
	EC Certificate of verification	SD, SF, SG, SH1	
	EC Certificate of suitability for use	CV	
	Intermediate Statement of Verification - EC Type Examination	CV	
	Intermediate Statement of Verification - EC Design Examination	SB	
	Intermediate Statement of Verification - Quality Management System Approval	SD, SH1	
Intermediate certificate of verification	SB, SF, SG, SH1, SD		

PART II – GENERAL CHARACTERISTICS OF THE APPLICANT/AUTHORISED REPRESENTATIVE**


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APPLICANT/AUTHORISED REPRESENTATIVE/AUTHORISED REPRESENTATIVE*	Name of the Applicant Address, phone, fax	
	Name of the producer of product, address, phone, fax (if different from the Applicant's)	
	Person authorized to contact (name, surname, company position, phone, fax, e-mail)	

PART III – INFORMATION ABOUT PRODUCER		
Does the Manufacturer have an established and implemented Quality Management System?		
<input type="checkbox"/> yes		<input type="checkbox"/> no
Did the Company implement a certified Quality Management System?		
<input type="checkbox"/> yes, name of certification body that issued the certificate		<input type="checkbox"/> no
Whether the Company is part of a larger organizational unit?		
<input type="checkbox"/> yes – please give the name and address:		<input type="checkbox"/> no
The number of people employed in the company*		
The total number of people employed in the company*:	The number of production shifts*:	The number of employees – associated with the scope of certification, including part-time work (indicate the number of part time employees together with their monthly quantity of hours)*:
The number of production plants:		
Name and address of the production plant 1:		The number of employees – involved in the scope of certification (Production plant 1)*:
Name and address of the production plant 2:		The number of employees – associated with the scope of certification (Production plant 2)*:
Name and address of the production plant 3:		The number of employees – associated with the scope of certification (Production plant 3)*:
Person responsible for Quality Management System (name, surname, company position, phone, fax, e-mail):		

* fill in only with certification according to CD, CH, CH1, D, SD, SH1 modules

** delete where not applicable

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PART V – DOCUMENTS ATTACHED TO THE APPLICATION		Annex No
1.	The authorization of the applicant (authorized representative) by the manufacturer to apply for the conformity assessment process, suitability for use or the EC verification <i>(if applicable)</i>	
	Technical documentation according to the requirements of modules applicable in the assessment	
2.	Documentation of Quality Management System according to requirements of modules applicable in assessment including: <ul style="list-style-type: none"> – QMS Certificate (if it has) – Management System Manual – Applicable procedures and instructions of Management System with annexes. 	
3.	Other EC certificates (if issued)	
4.	If using ISV (Intermediate Statements of Verification), also ISV Certificates, ISV Technical Files, ISV Declarations (if applicable)	
5.	Derogation from application of TSIs or parts of them. (if applicable)	
6.	List of specific environmental conditions of the subsystem / interoperability constituent	
7.	Any other documents confirming the conformity of other regulations under the Treaty (e.g. EC certificates issued in accordance with other legal acts resulting from the Treaty)	
8.	A statement informing about the scope of changes introduced in the product / production process (including information about a possible change in raw materials, materials and production technology of the product) or a statement informing about the lack of changes in the documentation as well as in the product / production process <i>(applies only to the extension / extension / update certificate)</i>	
9.	If the complete set of documents referred to in the points above is not attached to the application, a written declaration on the date of delivery of the missing documents should be submitted together with the application.	
10.	Others	

**We confirm the reconciliation of the documents and attachments listed in part V.
 We acknowledge that an EC certificate will be issued after a positive assessment result.
 We authorize the Railway Institute to issue an invoice without our signature.**

.....
 Representative of the applicant
 (name, surname, signature)

.....
 Representative of Railway Institute
 (name, surname, signature)

Tips for filling

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1. The applicant fills out only the clear fields. Form should be filled in for one product only. In places indicated as attachment, the application shall be accompanied by the relevant documents in the form of descriptions for each position. Giving the application registration number is the formal registration of the application. It can be done, when set of required documents listed in the application form is lodged at the Quality and Certification Centre of IK.
2. If extending the certificate, provide only the data that has changed since the previous application.