| *PO-DBA/18-Z1* | | | | | | *Date of revision:* | | | | | | | | | | | *Date of issue the form: 31-05-2023* | | | | | | | | | | |
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| ***Zakład Badań Atestacyjnych Jednostka Certyfikująca*** | | | | | | **APPLICATION** | | | | | | | | | | | | | | | | | | | | | |
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| Application for:/area of assessment requested/ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| - management system certification according to ISO 9001 | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| - approval of the quality system of the production process - Annex IV of Directive 2014/34/EU (Module D) | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| - approval of the product quality system - Annex VII of Directive 2014/34/EU (Module E) | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| - re-certification/approval of the quality system\* | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| - other, *complete .........* | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| Reference document: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| - PN-EN ISO 9001:2015-10 | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| - PN-EN ISO/IEC 80079-34:2020-09 | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| - other, *complete .........* | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| Requested scope of certification/the scope of certification of the quality management system in connection with the product (including service), process, etc., if applicable, for each division/ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Requested scope of products manufactured under the approved quality system /applies to the approval of a production quality system or product, specify the scope of certification, product type, Ex marking and provide the number of the EU type examination certificate/ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Number of divisions performing the same activity, in different locations: | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
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| Sector | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | 17 | Metals and metal products | | | | | | | | 24 without 24.46; | | | | | | | | | |  | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  |  | | | | | | | | 25 without 25.4, 33.11 | | | | | | | | | |  | |  | | | |
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|  | | | 18 | Machines and their attachments | | | | | | | | 25.4, 28, 30.4, 33.12, 33.2 | | | | | | | | | |  | |  | | | |
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|  | | | 19 | Electrical and optical devices | | | | | | | | 26, 27, 33.13, 33.14, 95.1 | | | | | | | | | |  | |  | | | |
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| Requested area of certification | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| - whole organization | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
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| - divisions, *list it:* | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |
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| Name and address(es) of the organization and its physical locations requested for certification: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Applicant's quality management system | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Does the Applicant have a quality management system? | | | | | | | | | | | | | | yes | | | | |  | no | |  | |  | | | |
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| Is the quality management system certified? | | | | | | | | | | | | | | yes | | | | |  | no | |  | |  | | | |
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| ***If the Applicant has a certified quality management system,*** *provide the date, number, scope of the certificate, reference standard and name of the certification body or attach a copy of the certificate with the scope of certification.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Legal status: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Description of the activity: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Human resources:/The effective number of staff, which consists of all full-time personnel involved in the scope of certification, including personnel working on each shift/ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Specify the exact number of staff: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Overall employment | | | | | | | | |  | Personnel employed in the production of Ex products | | | | | | | | | | | | |  | | |  | |
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| Technical resources: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Subcontracting the processes: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| yes | | | | | | | | |  | no | | | | | | | | | | | |  | |  | | | |
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| *If "yes," specify which processes are subcontracted:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Use of consultation with respect to the management system: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| yes | | | | | | | | |  | no | | | | | | | | | | | |  | |  | | | |
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| *If "yes," provide the consultant's name:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Declarations by the Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | * I agree to comply with the certification/conformity assessment requirements and to provide all information necessary for management system certification/quality system approval.\* * The documentation complies with the requirements of item. 3.2 of Annex IV/Annex VII\* of Directive 2014/34/EU.\* * I declare that: * the application for approval of production/product quality system has not been submitted to another notified body\* * the application for certification has not been submitted to another certification body\* * I have the right to use the documentation of the quality management system, as well as technical documents and EU type examination certificates of products manufactured under the approved quality system. | | | | | | | | | | | | | | | | | | | | | | | | | |
| *\* Delete if not applicable* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | /Name, function/position held / | | | |  | | | / signature / | | | | | | |  | | | / date / | | | | | | | | |  |
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| Zgłoszenie wyrobu pismem zlecającym | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | */ Letter no. /* | | | |  | | | / Name of ordering person/ | | | | | | |  | | | / date / | | | | | | | | |  |
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| Registration of the application (to be completed by the Notified/Certification Body): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Application No.** | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |
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|  | */ First name, surname /* | | | |  | | | */* signature / | | | | | | |  | | | / date / | | | | | | | | |  |