PO-DBA/18-Z1	Date of revision:	Date of issue the form: 13-01-2025

KOMAG
Zakład Badań Atestacyjnych Jednostka Certyfikująca

APPLICATION

I. Application for:
/area of assessment requested/

- management system certification according to ISO 9001 ☐
- approval of the quality system of the production process - Annex IV of Directive 2014/34/EU (Module D) ☐
- approval of the product quality system - Annex VII of Directive 2014/34/EU (Module E) ☐
- re-certification/approval of the quality system* ☐
- other, *complete .....* ☐

II. Reference document:

- PN-EN ISO 9001:2015-10 ☐
- PN-EN ISO/IEC 80079-34:2020-09 ☐
- other, *complete .....* ☐

III. 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/

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/

Number of divisions performing the same activity, in different locations: ☐

IV. Sector

EA Code	Sector	NACE/PKD Code	
17	Metals and metal products	24 without 24.46;	☐
		25 without 25.4, 33.11	☐
18	Machines and their attachments	25.4, 28, 30.4, 33.12, 33.2	☐
19	Electrical and optical devices	26, 27, 33.13, 33.14, 95.1	☐

V. Requested area of certification

- whole organization ☐
- divisions, *list it:* ☐

VI. Name and address(es) of the organization and its physical locations requested for certification:

VII. Applicant's quality management system

Does the Applicant have a quality management system? yes ☐ no ☐

Is the quality management system certified? yes ☐ no ☐

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.*

VIII. Legal status:

IX. Description of the activity:

X. 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/

Specify the exact number of staff:

Overall employment ☐ Personnel employed in the production of Ex products ☐

XI. Technical resources:

XII. Subcontracting the processes:

yes ☐ no ☐

If "yes," specify which processes are subcontracted:

XIII. Use of consultation with respect to the management system:

yes ☐ no ☐

If "yes," provide the consultant's name:

XIV. Declarations by the Applicant

- 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*

/Name, function/position held / / signature / / date /

XV. Zgłoszenie wyrobu pismem zlecającym

/ Letter no. / / Name of ordering person/ / date /

XVI. Registration of the application (to be completed by the Notified/Certification Body):

Application No.

/ First name, surname / / signature / / date /