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| **MS\* Certification / “Directive(s)/Regulation(s) Conformity request form (1)** |
| Identification of the applicant: Mr/Mrs (1) Position:  Corporate name: Legal form:  Address:        Phone number: Fax:  Email:  EA / NACE code: VAT number:  Number of people involved in the activity to be certified:  Number of operated shift per day:  Scope of the certification:        Additional manufacturing site covered by the quality system:            Directive(s)/Regulation(s) ? (NSPV/PED/TPED-ADR/CPR/MED/R110/R67/R79/Other if applicable) (1):      Applicable conformity module(s) / Appendices:  Management System type: (existing) (to be certified)  Date and type of the last audit (if applicable):  (Please attach a copy of the latest audit report to this request)  Existing certificates numbers (if applicable):  (Please attach a copy of the concerned certificates to this request)  Applicable standard(s):      Other applicable normative document(s):      \* MS: Management System  (1) Delete as appropriate |
| **MS\* Certification / “Directive(s)/Regulation(s) Conformity” request form (1)** |
| Date of the last revision of the Quality/Security/Environmental Manual:  (Please attach a copy of the Manual to this request)  Main processes and operations:              Critical subcontractor or supplier / Outsourced processes:          Applicable legal requirements:        Environmental aspects:        Use of a management system consultant:  Identification of the consultant:        Information concerning the medical devices: A / NA (1)  Considered medical devices and associated MD codes:          European representative (if applicable):        \* MS: Management System  (1) Delete as appropriate  The applicant:   * commits to comply at any time with the relevant requirements of the certification program and to take all necessary measures for the conduct of the assessment, including the review of documentation and access to all sectors, records and personnel during the assessment, the surveillance, the reassessment and the resolving of complaints and, if necessary, to accept the presence of observers (see general conditions for the certification - document RPAQ 4/7); * self-certifies to have made no request for the same quality system related to the products (or product line) described herein with another notified body than APRAGAZ (0029); * is committed to fulfilling his obligations under the implemented and approved quality management system. The applicant also agrees to keep the quality management system suitable and efficient; * commits to comply with the essential requirements listed in the relevant annex of the concerned directives and/or regulation (if applicable); * attests having read and agreed with the latest version of Apragaz’ Terms & Conditions (RPAQ4/7) available at www.apragaz.com.   Date: Signature: |
| **Application review – to be completed by APRAGAZ**  On the basis of the document completed by the applicant, Apragaz:  accepts the application ;  accepts the application, subject to the provision of additional information to be provided during the audit.  Reason:  refuses the application for the reason stated hereafter:  Date: Signature: |