APPLICATION
for the participation of the notified body in the procedure of the assessment of conformity of personal protective equipment to type according to module C2 or module D

at the Central Institute for Labour Protection – National Research Institute
00-701 Warszawa, ul. Czerniakowska 16, www.ciop.pl

Centre for Certification of Personal Protective and Working Equipment
90-133 Łódź, ul. Wierzbowa 48
tel. (+48) 42 648-02-44, 42 678-10-75 ext. 85, 42-648-02-48, ocw@ciop.pl

CIOP PIB Notified body No. 1437

Regulation (EU) 2016/425 of the European Parliament and of the Council of 9 March 2016 on personal protective equipment and repealing Council Directive 89/686/EEC

1. Requested area of cooperation with the notified body (*mark with X as appropriate*):

☐ Supervised product checks at random intervals according to **module C2**
☐ Assessment of the quality assurance system of the production process according to **module D**

2. APPLICANT *(mark with X as appropriate)***:**

☐ **MANUFACTURER** [1] / ☐ **AUTHORISED REPRESENTATIVE** [2] / ☐ **OWN BRAND MANUFACTURER** [3]

1) ***manufacturer*** *– any natural or legal person that manufactures personal protective equipment or has it designed or manufactured, and markets it under his name or trademark*
2) ***authorised representative*** *– any natural or legal person established within the European Union (including Poland) who has received a written mandate from a manufacturer to act on his behalf in relation to specified tasks*
3) ***own brand manufacturer*** *– a specific group of manufacturers, a natural or legal person that markets under his name or trademark a product designed and/or manufactured by an original manufacturer, identical in construction and technology with the product placed on the market by the original manufacturer*

3. Applicant's contract and invoice details *(complete according to the relevant register or provide a seal)*

Name and address: e-mail:	Contact person: *(Name and surname, position, phone, fax, e-mail)*
Company is registered in *(specify the name of the register and its location)*:	Company VAT number (Tax ID No.):
under the entry *(specify the assigned registry number)*:	

4. Other locations, including place(s) of manufacture, inspection, testing, storage, etc.

Name and address:

5. CIOP-PIB agreement No. :*(complete if the application is linked to an existing agreement concluded with CIOP-PIB for the participation of the notified body in the procedure of the conformity assessment according to module C2 and D, and constitutes a submission of a subsequent product to this agreement)*

6. Identification of personal protective equipment notified for assessment:
(Own brand manufacturer to complete columns 1- 3. Manufacturer to complete columns 1-2. Authorised representative to complete columns corresponding to the Manufacturer whom the authorised representative represents)

Name of the product, type, model, symbol	Number of EU type-examination application or number of the EU type-examination certificate and number of the notified body that issued the certificate	Number of the EU type-examination certificate issued for a manufacturer, which constitutes a basis for issuing a certificate for an own brand manufacturer
1	2	3

☐ *mark with X if more space required, and provide the remaining information in the attachment to the application)*

7. Attachments to the Application: *(mark with X as appropriate, providing the document issue date)*

Document name	Document identification	Caution: please attach if
Copy of the EU type-examination certificate	☐	please attach if the certificate was issued by a notified body different than CIOP-PIB
Technical documentation of personal protective equipment including information consistent with Annex III to Regulation 2016/425	☐	please attach if EU type-examination was performed by a notified body different than CIOP-PIB
Copy of manufacturer's mandate to act on manufacturer's behalf on agreed tasks	☐	please attach if authorised representative is applying for conformity assessment
Copy of partnership agreement concluded between manufacturer and own brand manufacturer	☐	please attach if own brand manufacturer is applying for conformity assessment

To be completed if module C2 is selected

8 **Personal protective equipment sampling sites**: (*please complete if different than indicated in items 3 and 4 - e.g. name and address of the importer, distributor, storage site, retail sale outlet):*

Name and address:

9 **Details of the personal protective equipment manufacturing process:** *(to be completed only by the own brand manufacturer)*

Scope of the inspection	**Activities carried out by**	
	the manufacturer	**the own brand manufacturer**
marking, manufacturer information	☐	☐
dealing with complaints	☐	☐

To be completed if module D is selected

10 **Implemented management system details**

Is the management system certified? ☐ YES ☐ NO

Additional attachments to the Application: *(mark with X as appropriate)*	**Document identification along with document issue date.**
Quality assurance system documentation:	
description of quality objectives, organisational structure, scope of responsibility and authority of management with regard to product quality,	☐
description of personal protective equipment manufacturing techniques, quality control and quality assurance, processes and system activities, including any subcontracted services that may affect product conformity with established requirements	☐
description of checks and tests and their frequency before, during and after the manufacture of personal protective equipment,	☐
description of quality records (inspection reports, testing data, calibration data, personnel qualification reports),	☐
description of means for monitoring adequate product quality and effective operation of the quality system	☐
description of human and technical resources, including functions and reporting lines	☐

☐ mark with X if more space required, and provide the remaining information in the attachment to the application)

11 **Details of the personal protective equipment manufacturing process:** *(to be completed only by the own brand manufacturer)*

Scope of the inspection	**Activities carried out by**	
	the manufacturer	**the own brand manufacturer**
supply system (assessment of suppliers, check of supplies)	☐	☐
dealing with raw materials and blanks (storage, preparation of manufacturing process)	☐	☐
technological process	☐	☐
quality control and final control of products	☐	☐
dealing with final products (storage, packaging, transport)	☐	☐
marking, manufacturer information	☐	☐
dealing with complaints	☐	☐

WE DECLARE THAT:

☐ the products and quality system documentation enclosed with the application is relevant to the product and up-to-date

☐ we did not submit an application for the assessment of conformity to type according to module C2 / D for product(s) specified in item 6 hereof at another notified body

☐ I consent to the processing by CIOP-PIB (Czerniakowska 16, 00-701, Warsaw) of my personal data, submitted to Centre for Certification of Personal Protective and Working Equipment for the purpose of concluding an agreement on the implementation of the procedure of the assessment of conformity according to Module C2 or D (pursuant to Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC - General Data Protection Regulation) – **the clause applies to Applicants who are legal persons.**

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……..
Place, date

……
Name, surname, position, signature of the person duly authorised to make commitments on behalf of the Applicant, stamp