|  |  |  |
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| **General data of applicant (conform Chamber of commerce)** | | |
| Contact person | Mr. / Mrs. / Ms. | |
| Function |  | |
| E-mail |  | |
| Name organisation |  | |
| Kiwa Customer nr.  (if known) |  | |
| Following information only needed if no Kiwa customer nr. is available. | | |
| Address |  | |
| Zip code and city |  | |
| Country |  | |
| Mailing address (if different) |  | |
| Telephone / Fax |  |  |
| Website |  | |
| Chamber of commerce nr. |  | |
| VAT nr. |  | |

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| **Specific product information** | | | |
| **Desired certification according to scheme** | | | |
| KOMO (rookafvoervoorzieningen), BRL 5102 | | | |
| Type of certification: | | | |
| Initial certification | Extension | | Modification |
| Recertification (end date certificate) : | | | Other: |
|  | |  | |  |

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| **Surveillance information** | |
| Surveillance by Kiwa (mandatory) | Yes (A separate application form for surveillance will be sent) |
| If applicable, existing Kiwa contract nr. |  |

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| **Planning** | |
| In which period would you like the initial testing to take place, if applicable? |  |
| In which period would you like the certification to take place? |  |

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| **Additional product information to make an quotation** |
|  |

Please send this form to name Kiwa contact person, (address, e-mail address) by mail or e-mail. After receipt we will contact you as soon as possible.