We kindly ask you to fill in this application form in its entirety and return. Partial or non-coherent information may cause the issue of a wrong quotation and a subsequent re-evaluation.

# COMPANY INFORMATION (mandatory fields)

Company name:

Registered office address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no. \_\_\_\_\_

ZIP code \_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operating office address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no. \_\_\_\_\_\_

ZIP code \_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person for information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person for signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# DIRECTIVE/REGULATION THE COMPANY IS APPLYING FOR SURVEILLANCE ACTIVITY (mandatory data)

[ ]  BED CE [ ]  BED UKCA [ ]  BED UKNI

[ ]  GAR CE [ ]  GAR UKCA [ ]  GAR UKNI

See Appendix for nomenclature

Date/Period of starting the Surveillance activities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# REQUEST DETAILS (mandatory data)

**[ ]** New Contract

**[ ]** Suspension of the Contract

 **[ ]** Contract number: ……….

**[ ]** Contract change

 **[ ]** DataContractor

 **[ ]** Change production location

 **[ ]** Existing contract number: …………

**[ ]  [ ]** Change contract attachment (product listing)

# SURVEILLANCE CERTIFICATE (mandatory data)

Surveillance certificate\* needed? [ ]  Yes [ ]  no

\*Surveillance certificate is issued upon request and renewed every 3 years following satisfactory surveillance inspections

# PRODUCT DATA (mandatory data)

**[ ]** Description of the Product: ………………………………………………………………………………………..

**[ ]** Are all the safety related fittings\* used in the appliance separately CE/UKCA/UKNI certified? [ ]  Yes [ ]  no

If No, specify the fittings: …………………………………………………………………………………

**[ ]** Is there a CE/UKCA/UKNI-type testing certificate available for each fitting? [ ]  Yes [ ]  no

 If Yes, please attach to this Application form

**[ ]  *\* E.g: Gas valves, burner controls, electronic temperature safety limiters, etc..***

# PRODUCTION LOCATION 1 INFORMATION (mandatory data)

Concerning products:

**[ ]** All products mentioned in Certificate/Test report: ……………………..

 [ ]  Certificate/Test report is attached with this application

 [ ]  Others: …………………………… *(specify or add list of products)*

[ ]  Kind of product

 [ ]  Appliance [ ]  Fitting [ ]  Other: ……………………….

Contact at production location:

Name: …………………………………………………………………..……………………..

E-mail address: …………………………………………………………………..……………………..

Tel. number: …………………………………………………………………..……………………..

Visiting address:

Street name: …………………………………………………………………..……………………..

Zip code: …………………………………………………………………..……………………..

City: …………………………………………………………………..……………………..

 Country: …………………………………………………………………..……………………..

Is the production location ISO 9001 certified:

[ ]  Yes [ ]  No

 [ ]  a copy of the ISO 9001 certificate is added to this application

 [ ]  the ISO 9001 scope is valid for the production of the product(s)

Appointment for inspection:

[ ]  Through the contact person of the contractor (see above)

[ ]  Directly with the product location

 Contact person:

 Name: …………………………………………………………………..……………………..

E-mail address: …………………………………………………………………..……………………..

Tel. number: …………………………………………………………………..……………………..

# CERTIFICATION MODULE THE COMPANY IS APPLYING FOR SURVEILLANCE ACTIVITY (mandatory data)

**[ ]** Module “C” or “C2” **[ ]** Module “D” **[ ]** Module “E”

# INFORMATION NECESSARY FOR MODULES C and C2 (mandatory data)

Total yearly appliances/fittings production for which surveillance is required:

[ ]  0 to 10.000 products [ ]  10.001 to 100.000 products [ ]  More than 100.000 products

# INFORMATION NECESSARY FOR MODULES D and E (mandatory data)

**Staff details:** Effective number of personnel (permanent, temporary, and part-time) involved within the scope of certification including those working on each shift. When included within the scope of certification, it shall also include non-permanent (e.g. contractors) personnel no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PRODUCTION LOCATION 2 INFORMATION (if applicable)

Concerning products:

**[ ]** All products mentioned in Certificate/Test report: ……………………..

 [ ]  Certificate/Test report is attached with this application

 [ ]  Others: …………………………… *(specify or add list of products)*

[ ]  Kind of product

 [ ]  Appliance [ ]  Fitting [ ]  Other: ……………………….

Contact at production location:

Name: …………………………………………………………………..……………………..

E-mail address: …………………………………………………………………..……………………..

Tel. number: …………………………………………………………………..……………………..

Visiting address:

Street name: …………………………………………………………………..……………………..

Zip code: …………………………………………………………………..……………………..

City: …………………………………………………………………..……………………..

 Country: …………………………………………………………………..……………………..

Is the production location ISO 9001 certified:

[ ]  Yes [ ]  No

 [ ]  a copy of the ISO 9001 certificate is added to this application

 [ ]  the ISO 9001 scope is valid for the production of the product(s)

Appointment for inspection:

[ ]  Through the contact person of the contractor (see above)

[ ]  Directly with the product location

 Contact person:

 Name: …………………………………………………………………..……………………..

E-mail address: …………………………………………………………………..……………………..

Tel. number: …………………………………………………………………..……………………..

# CERTIFICATION MODULE THE COMPANY IS APPLYING FOR SURVEILLANCE ACTIVITY (mandatory data)

**[ ]** Module “C” or “C2” **[ ]** Module “D” **[ ]** Module “E”

# INFORMATION NECESSARY FOR MODULES C and C2 (mandatory data)

Total yearly appliances/fittings production for which surveillance is required:

[ ]  0 to 10.000 products [ ]  10.001 to 100.000 products [ ]  More than 100.000 products

# INFORMATION NECESSARY FOR MODULES D and E (mandatory data)

**Staff details:** Effective number of personnel (permanent, temporary, and part-time) involved within the scope of certification including those working on each shift. When included within the scope of certification, it shall also include non-permanent (e.g. contractors) personnel no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The service may be delivered by the following Kiwa location:

Kiwa NL - Wilmersdorf, 50 (PO Box 137, 7300 AC), 7327 AC APELDOORN

Kiwa IT - Via Cadriano, 23, 40057 - Cadriano di Granarolo (BO)

Kiwa UK - Kiwa House, Malvern View Business Park, Stella Way, Bishops Cleeve, Cheltenham, Gloucestershire, GL52 7DQ

Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Stamp and signature of the Representative of the Company (by consensus) …….…………………………………………

**Appendix**

BED CE - Directive 92/42/EEC

GAR CE - Regulation (EU) 2016/426

BED UKCA - Ecodesign for Energy-Related Products Regulations 2010, SI 2010 No. 2617, as amended

GAR UKCA - Gas Appliances Regulation (Regulation (EU) 2016/426 as brought into GB law and amended), and the Gas Appliances (Enforcement) and Miscellaneous Amendment Regulations 2018 No 389

BED UKNI - Boiler Efficiency Directive (92/42/EEC) as amended

GAR UKNI - Gas Appliances Regulation (Regulation (EU) 2016/426) implemented in Northern Ireland by the Gas Appliances (Enforcement) and Miscellaneous Amendment Regulations 2018