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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** | | | |
| CE-GAR | CE-BED | | GASKEUR |
| GastecQA (gas als warmtebron) | | | |
| Type of certification: | | | |
| Initial certification | Extension | | Modification |
| Recertification (end date certificate) : | | | Other: |
| **Kind of product:** | | | |
| Cooking or catering appliance | Heating appliance | | Domestic hot water appliance |
| Fitting (e.g. burner control, gas valve) | | | Other: |
|  | |  | |  |

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| **Surveillance information** | | |
| Do you want Kiwa to perform the surveillance?  (Mandatory for GASKEUR and GastecQA) | Yes (A separate application form for surveillance will be sent) | No |
| 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 a quotation** |
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| Please send this form to Kiwa ECP by mail or e-mail (Wilmersdorf 50, Postbus 137, 7300 AC Apeldoorn, The Netherlands or [NL.ECP@kiwa.com](mailto:NL.ECP@kiwa.com)). After receipt we will contact you as soon as possible. |
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