**APPLICATION FOR AUDIT OF EQUIPMENT**

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| **Owner data** | | | |
| Name |  | Reg code |  |
| Address |  | E-mail |  |
|  | | Phone |  |
| **Holder data** *(to fill if it is different from owner data )* | | | |
| Name |  | Reg code |  |
| Address |  | Email |  |
|  | | Phone |  |
| **Customer data** *(to fill if it is different from owner data and holder data )* | | | |
| Name |  | Email |  |
| Address |  | Phone |  |
|  | | | |
| **Supervisor data** | | | |
| Name |  | ID code |  |
| **Data of the person reponsible of the work** | | | |
| Name |  | ID code |  |
| **Equimpent type** | **Vessel**  **Pressure vessel**  **Piping  Gas installation**  **Elevator**  **cableway  Escalator, moving walks  Crane  Hydraulic lift**  **Basket lift  Statsionary tanks for dangerous liquids**  **Veoanum  Amusment park** | | |
| **Equipment address** |  | | |
| **Additional information** |  | | |

**Applicant confirms that**

* the given data is correct and quarantees safe working conditions;
* access to Inspecta Estonia OÜ inspection purpose to the location of manufacture and providing it with all necessary information;
* He/she is aware that audits data are enter in according to law to Estonian Consumer Protection and Technical Regulatory Authority database, which content of publication scope is decided by the Estonian Consumer Protection and Technical Regulatory Authority.
* He/she have read Inspecta Estonia OÜ General Sales and Contract terms and conditions

<https://www.kiwa.com/ee/et/ettevottest/uldtingimused>/, he/she understand the content and comply with the contract.

**I agree to receive offical announcement to my e-mail from Estonian Consumer Protection and Technical Regulatory Authority**

Inspecta Estonia OÜ will keep confidential information obtained during the performance of activities and will not disclose it to third parties without clientś permission. Except for information provided by law, the Estonian Centre for Standardisation and Accreditation, or if the applicant makes it publicly available.

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| Applicant name, signature |  | Date |