

Application Form – 2014/68/EU Pressure Equipment Directive

Manufacturers or the authorized representatives name:		
Address:		
Contact person(s): <small>(e-mail, phone, address)</small>		
For the authorized representatives only: <input type="checkbox"/> Copy of manufacturers mandate enclosed		
Type of Product(s):		
<input type="checkbox"/> Vessels	<input type="checkbox"/> Pressure accessories	<input type="checkbox"/> Assembly guidance
<input type="checkbox"/> Piping	<input type="checkbox"/> Safety accessories	<input type="checkbox"/> Other (i.e. components): _____
<input type="checkbox"/> Fired or heated pressure equipment		
Conformity assessment module(s):		
<input type="checkbox"/> Module B - production type	<input type="checkbox"/> Module D	<input type="checkbox"/> Module A2
<input type="checkbox"/> Module B - design type	<input type="checkbox"/> Module D1	<input type="checkbox"/> Module C2
<input type="checkbox"/> Module H1 – Design module	<input type="checkbox"/> Module E	<input type="checkbox"/> Module F
	<input type="checkbox"/> Module E1	<input type="checkbox"/> Module G
	<input type="checkbox"/> Module H	
	<input type="checkbox"/> Module H1 – Quality module	<input type="checkbox"/> We are not sure and would like to have guidance
Ek hizmetler:		
<input type="checkbox"/> Particular Material Appraisal (PMA)	<input type="checkbox"/> Welding Procedure Approval	
<input type="checkbox"/> Welding Personnel Approval	<input type="checkbox"/> Other _____	
Product Standard(s) applied:		
Quality system information:		
<input type="checkbox"/> EN ISO 9001	<input type="checkbox"/> EN ISO 3834	<input type="checkbox"/> Other:
Expiry date:	Expiry date:	Expiry date:
Status: <input type="checkbox"/> Certified	<input type="checkbox"/> In process	<input type="checkbox"/> Not yet applied
Certified by:		

Applicant/Manufacturer confirms that he/she has been informed about Kiwa terms and conditions" for granting, maintaining, extending, suspending and withdrawing certification as seen by the document "General Terms and Conditions"
<https://www.kiwa.com/tr/tr/Hakkimizda/terms-conditions-and-regulations/>

The undersigned hereby declares that the same application has not been lodged with any other notified body for the modules B, H, H1, D, D1, E and E1.

Signature: _____

Name (in block capitals): _____

Place: _____ Date: Enter Date _____

Ekli teknik dökümanlar:

- | | |
|--|--|
| <input type="checkbox"/> Hazard & Risk analysis | <input type="checkbox"/> Operating instructions. |
| <input type="checkbox"/> Design & manufacturing drawings. | <input type="checkbox"/> Manufacturing procedures. |
| <input type="checkbox"/> Design calculations. | <input type="checkbox"/> Procedures for the permanent joining. |
| <input type="checkbox"/> Qualifications for personnel undertaking the permanent joining. | <input type="checkbox"/> User manual and draft label. |
| <input type="checkbox"/> Qualifications for personnel undertaking the non-destructive testing. | <input type="checkbox"/> |

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Product information:

Manufacturing site, if other than manufacturers:

Project:

Equipment user, name and address:

Equipment Number:	Equipment type 1	Equipment type 1	Equipment type 1
Type of product:			
Name/Type designation:	Choose Type	Choose Type	Choose Type
Category:	Choose Category	Choose Category	Choose Category
Fluid/Service	Choose Fluid	Choose Fluid	Choose Fluid
No. of Models if series Min. and max. size			
Design pressure			
Design temp.			
Nominal dia./Volume			
Length			
Material Standards			
Type of production (batch, series)			
External loads: - Nozzles. (No. of) - Earthquake - Wind, snow, ice - Blast - Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other essential design parameters:			
Enclosures: - Drawing/ sketch - Data sheet - Other: -	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Has any deviation from quantitative requirements given in PED Annex I Section 7 been made? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Activities:			
<input type="checkbox"/> Design	<input type="checkbox"/> Manufacture	<input type="checkbox"/> Testing	<input type="checkbox"/> Materials
		<input type="checkbox"/> Marketing	<input type="checkbox"/> Own brand labeller
Technical resources:			
<input type="checkbox"/> Foundry	<input type="checkbox"/> Cold forming	<input type="checkbox"/> Welding	<input type="checkbox"/> In-house NDT
<input type="checkbox"/> Machining	<input type="checkbox"/> Hot forming	<input type="checkbox"/> Brazing	<input type="checkbox"/> In-house laboratory
<input type="checkbox"/> : <input type="checkbox"/> :			
Human resources:			
Total # employees:		# in engineering:	# in production:
Contact person(s): (e-mail, phone, address)			

This page is for information only and can be omitted.