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|  | ICR Polska Sp. z o.o. / **ICR Polska Co., Ltd.** |  Data wydania: **Date of issue:** | 02.01.2023 |
| **Application for Verification of Conformity** |  Wydanie nr:  **Edition No.:** | 2.01 |

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| F-P-00-01 |  |

**Please mark and fill out fields below:**

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| --- |
| **Type of service inquired** |
| Verification of TCF | [ ]  | Testing | [ ]  | Inspection | [ ]  |

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| **1. APPLICANT INFORMATION** |
| Company name: |       |
| Address: |       |
| VAT number: |       |
| e-mail: |       |

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| **2. MANUFACTURER INFORMATION (to be filled if the applicant is not the manufacturer)** |
| Company name: |       |
| Address: |       |
| e-mail: |       |

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| **3. PRODUCT DESCRIPTION** |
| Product Name: |       |
| Product Type(s): |       |
| Product Trademark |       |
| Intended use: |       |

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| **4. APPLICABLE STANDARDS** |
|                      |

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| **5. DOCUMENTATION AND ADDITIONAL DATA** |
| List of required technical documentation shall be agreed at the stage of application.[ ]  the TCF is attached, including: [ ]  Test report No.:       conducted by      [ ]  Manual [ ]        photo(s)[ ]        scheme(s)[ ]        drawing(s)[ ]  Name plate                 |

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| **!** | **See next page.****Please fill additional data on next page, carefully read information and obligatory confirm your commitments.** |

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| **6. APPLICANT’S COMMITMENTS1)** |
| [x]  We commit to meet and follow requirements for the requested assessment and provide all necessary information needed to its conduct. Rules and requirements concerning product verification of conformity in ICR Polska Co., Ltd. are aware and clear2).[x]  We agree to submit by ICR Polska Co., Ltd. the offer allowing the performance of some verification activities, including laboratory tests, by external entities with whom ICR Polska Co., Ltd. has appropriate agreements signed2).Name & Surname of person legally authorized to represent the Applicant:     Position**:**           ,  Date and signature: (company legal stamp if any) |

1) the declaration must be signed by a person legally authorized to represent the Applicant

2) this point of commitment must be chosen

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|  | All information contained in this document shall be considered confidential by ICR Polska Co., Ltd.After the positive assessment of the completed application form the offer to perform verification process will be sent to you. |

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| **7. DATA TO ISSUE THE PRO-FORMA INVOICE** |
| Company name: |       |
| Address: |       |
| VAT number: |       |