| PO-DBA/18-Z1 | Date of revision: | Date of issue the form: 31-05-2023 |
|---|---|---|

KOMAG
Zakład Badań Atestacyjnych Jednostka Certyfikująca

# APPLICATION

## I. Application for:
**/area of assessment requested/**

- management system certification according to ISO 9001 ☐
- approval of the quality system of the production process - Annex IV of Directive 2014/34/EU (Module D) ☐
- approval of the product quality system - Annex VII of Directive 2014/34/EU (Module E) ☐
- re-certification/approval of the quality system* ☐
- other, *complete .....* ☐

## II. Reference document:

- PN-EN ISO 9001:2015-10 ☐
- PN-EN ISO/IEC 80079-34:2020-09 ☐
- other, *complete .....* ☐

## III. Requested scope of certification
**/the scope of certification of the quality management system in connection with the product (including service), process, etc., if applicable, for each division/**

## Requested scope of products manufactured under the approved quality system
**/applies to the approval of a production quality system or product, specify the scope of certification, product type, Ex marking and provide the number of the EU type examination certificate/**

## Number of divisions performing the same activity, in different locations: ☐

## IV. Sector

| EA Code | Sector | NACE/PKD Code | |
|---|---|---|---|
| 17 | Metals and metal products | 24 without 24.46; | ☐ |
| | | 25 without 25.4, 33.11 | ☐ |
| 18 | Machines and their attachments | 25.4, 28, 30.4, 33.12, 33.2 | ☐ |
| 19 | Electrical and optical devices | 26, 27, 33.13, 33.14, 95.1 | ☐ |

## V. Requested area of certification

- whole organization ☐
- divisions, *list it:* ☐

## VI. Name and address(es) of the organization and its physical locations requested for certification:

## VII. Applicant's quality management system

Does the Applicant have a quality management system? yes ☐ no ☐

Is the quality management system certified? yes ☐ no ☐

***If the Applicant has a certified quality management system,*** *provide the date, number, scope of the certificate, reference standard and name of the certification body or attach a copy of the certificate with the scope of certification.*

## VIII. Legal status:

## IX. Description of the activity:

## X. Human resources:

**/The effective number of staff, which consists of all full-time personnel involved in the scope of certification, including personnel working on each shift/**

Specify the exact number of staff:

Overall employment ☐ Personnel employed in the production of Ex products ☐

## XI. Technical resources:

## XII. Subcontracting the processes:

yes ☐ no ☐

*If "yes," specify which processes are subcontracted:*

## XIII. Use of consultation with respect to the management system:

yes ☐ no ☐

*If "yes," provide the consultant's name:*

## XIV. Declarations by the Applicant

- I agree to comply with the certification/conformity assessment requirements and to provide all information necessary for management system certification/quality system approval.*
- The documentation complies with the requirements of item. 3.2 of Annex IV/Annex VII* of Directive 2014/34/EU.*
- I declare that:
  - the application for approval of production/product quality system has not been submitted to another notified body*
  - the application for certification has not been submitted to another certification body*
  - I have the right to use the documentation of the quality management system, as well as technical documents and EU type examination certificates of products manufactured under the approved quality system.

** Delete if not applicable*

/Name, function/position held / / signature / / date /

## XV. Zgłoszenie wyrobu pismem zlecającym

*/ Letter no. /* / Name of ordering person/ / date /

## XVI. Registration of the application (to be completed by the Notified/Certification Body):

**Application No.** ☐

*/ First name, surname /* / signature / / date /