**Please send a copy of this request to:**

**ANPI Division Certification** – cert@anpi.be

|  |  |
| --- | --- |
|  | *Reserved for the administration* |

1. **Applicant:**

[ ]  **Already possesses a convention in the domain CE/CPR:**

The convention number is: CE/CPR

[ ]  **Informs about the modification of the data given in the tables underneath**

[ ]  **Does not possess a convention**

|  |  |
| --- | --- |
| ***Name Company:*** |       |
| ***Street, nr:*** |       |
| ***Postal Code, Place:*** |       |
| ***Country:*** |       |
| ***Name Contact:*** |       |
| ***Function Contact:*** |       |
| ***Tel :*** |       |
| ***Email:*** |       |
| ***VAT Nr:*** |       |

The invoices for the certification costs have to be addressed to (if different from above):

|  |  |
| --- | --- |
| ***Name Company:*** |       |
| ***Street, nr:*** |       |
| ***Country:*** |       |
| ***Postal Code, Place:*** |       |
| ***Tel:*** |       |
| ***Email:*** |       |
| ***VAT Nr:*** |       |

Appoints the following person to represent him/her for all questions with relation to the study of this request:

|  |  |
| --- | --- |
| ***Name Contact:*** |       |
| ***Function contact:*** |       |
| ***Company (if different)*** |       |
| ***Postal Code, Place:*** |       |
| ***Country:*** |       |
| ***Tel:*** |       |
| ***Email:*** |       |

Declares that the above-mentioned company (tick the appropriate box(es)):

|  |  |
| --- | --- |
| [ ]  | has the industrial ownership (patent-rights) |
| [ ]  | has an exploitation licence |
| [ ]  | restricts itself to put the product on the market |

And declares (tick the appropriate box(es)):

|  |  |
| --- | --- |
| [ ]  | manufactures the product by licensed companies, submitted to his control and mentioned by name in the list in annex.  |
| [ ]  | entrust the placement to licensed companies, submitted to his control and mentioned by name in the list in annex. |

Makes the commitment

* to complete his file, if necessary, on the request of the Certification body, by giving all the information and testing justification pieces in order to allow the technical evaluation of the fabrication as well as the implementation of the system/components characteristics and properties;
* to respect the CERTIFICATION RULES PR FIRE CE-CPR and the prevailing conditions of the. He also declares to accept the certification costs and the costs of the periodical controls as stipulated on “certification convention”.

Authorizes the laboratories, that carried out the tests, to report all complementary information that could be asked within the framework of the file examination.

1. **Request**

|  |  |
| --- | --- |
| [ ]  | A CE-CPR certificate |
| [ ]  | The extension of the following certificate: 1134-CPR-      |
| [ ]  | The modification of product(s) of the following certificate: 1134-CPR-      |

*For the following product(s):*

***BASIC TYPE***

|  |  |
| --- | --- |
| ***Type of Equipment:*** |       |
| ***Commercial Name:*** |       |
| ***Identification Equipment****(if different from name)*  |       |
| ***Brand:***  |       |
| ***Standard(s):*** |       |

***VARIANTS*** *(1 table per variant)*

***VARIANT 1***

|  |  |
| --- | --- |
| ***Commercial Name:*** |       |
| ***Identification Equipment****(if different from name)*  |       |
| ***Brand:****(if different from basic type)* |       |
| *Detailed list of differences compared to the basic type* |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |

***VARIANT 2***

|  |  |
| --- | --- |
| ***Commercial Name:*** |       |
| ***Identification Equipment****(if different from name)*  |       |
| ***Brand:****(if different from basic type)* |       |
| *Detailed list of differences compared to the basic type* |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |

***VARIANT 3***

|  |  |
| --- | --- |
| ***Commercial Name:*** |       |
| ***Identification Equipment****(if different from name)*  |       |
| ***Brand:****(if different from basic type)* |       |
| *Detailed list of differences compared to the basic type* |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |

***VARIANT 4***

|  |  |
| --- | --- |
| ***Commercial Name:*** |       |
| ***Identification Equipment****(if different from name)*  |       |
| ***Brand:****(if different from basic type)* |       |
| *Detailed list of differences compared to the basic type* |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |

***PRODUCTION PLACE***

|  |  |
| --- | --- |
| ***Name company:*** |       |
| ***Street, nr:*** |       |
| ***Postal Code, Place:*** |       |
| ***Country:*** |       |
| ***Tel:*** |       |
| ***Email:*** |       |
| ***Name Contact:*** |       |

The list of documents to be joined to this request is enclosed.

Done aton

**ANNEXES**

**List of documents to be joint to this request:**

|  |  |
| --- | --- |
|  | **Declaration of performance (DoP)** |
|  | **Declaration of the manufacturer about the new product when the production line has already been audited by ANPI** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |