**Appendix to Application for Conformity Assessment Activities**

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| pursuant to Regulation (EU) 2016/425 of the EP and of the Council \*) |
| **PERSONAL PROTECTIVE EQUIPMENT** |

*Please, enclose the following with your Application:*

*Technical documentation necessary for conformity assessment, as required in Annex III to Regulation (EU) 2016/425 of the EP and of the Council (hereinafter referred to as the Regulation).*

*(Please mark the activities you wish to order with a cross)*

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| **1. The Customer (only the manufacturer or an authorized representative) hereby orders**  **from the Notified Body the following activities:** | | | | | | | | | | | | |
|  | | **1.1** | **EU** **type-examination** pursuant to Point 4 of Annex V to the Regulation and subsequent issuance of a Final Report (evaluation report) and of an EU Type-Examination Certificate (Module B). | | | | | | | | | |
|  | | **1.2** | **Conformity to type based on internal production control plus supervised product checks at random intervals** pursuant to Point 4 of Annex VII to the Regulation and subsequent issuance of a Test Report and of a Report (Module C2). | | | | | | | | | |
|  | | **1.3** | **Conformity to type based on quality assurance of the production process** pursuant to Point 3.3 of Annex VIII to the Regulation, subsequent issuance of a Notification, surveillance under the responsibility of the Notified Body pursuant to Point 4 of Annex VIII to the Regulation and issuance of an Audit Report (Module D) | | | | | | | | | |
| **2. The Customer hereby orders:** | | | | | | | | | | | | |
|  | **2.1** | | **Issuance of:** |  | Certificate/s | | | | | | | |
|  |  | | Language: |  | Czech | |  | English |  | German |  | Other |
|  | **2.2** | | **Issuance of:** |  | Final Report (evaluation report) | | | | | | | |
|  |  | | Language: |  | Czech | |  | English |  | German |  | Other |
|  | **2.3** | | **Other** *(please specify):* | | |  | | | | | | |
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| Appendix completed by: | | | | | | |
|  |  |  |  |  |  |  |
|  | *Name and position of person responsible* |  | *Date* |  | *Signature, stamp* |  |

Should you need any help with completion of this form, please contact:

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