

**FLEETWOOD NOTIFIED BODY APPLICATION FORM:
APPLICATION FOR TYPE APPROVAL IN ACCORDANCE WITH THE
PERSONAL PROTECTIVE EQUIPMENT REGULATION (EU) 2016/425**

Section 1: Manufacturer Details

NAME OF MANUFACTURER: _____

ADDRESS OF MANUFACTURER: _____

IS THE ABOVE ADDRESS A PLACE OF PRODUCTION? _____
If no please also supply additional production address below

PLACE OF PRODUCTION (if different): _____

APPLICATION SUBMITTED BY: _____

JOB TITLE: _____

DATE OF APPLICATION: _____

Where the application is signed by the Authorised representative on behalf of the manufacturer (who is the named applicant) please provide contact details of the Authorised Representative:

NAME OF AUTHORISED REPRESENTATIVE: _____

ADDRESS OF AUTHORISED REPRESENTATIVE: _____

Section 2: Product(s) Details

Type of Product:	Name of Product(s): <i>Please include any relevant model numbers</i>	Description of Product(s): <i>Please state performance level(where applicable)</i>
<input type="checkbox"/> Lifejacket <input type="checkbox"/> Buoyancy Aid <input type="checkbox"/> Swim Aid <input type="checkbox"/> Immersion Suit <input type="checkbox"/> Deck Safety Harness <input type="checkbox"/> Deck Safety Line <input type="checkbox"/> Diving Wet Suit <input type="checkbox"/> Diving Dry Suit <input type="checkbox"/> Surface Wet Suit <input type="checkbox"/> Other		

Section 3: Conformity Modules required:

- Module B (EU type-examination) only**
- Module B (EU type-examination) and Module C2 (Conformity to type based on internal production control plus supervised product checks at random intervals)**
- Module B (EU type-examination) and Module D (Conformity to type based on quality assurance of the production process)**

Section 4: Performance standards

Please list the applicable standards that the product is to be certified

Section 5: Existing Quality Management System Certification

FLEETWOOD TEST HOUSE

Do you currently have ISO 9001 certification?

If yes please supply a copy of ISO 9001 certificate and complete fields below.

If no please supply any relevant information regarding your current quality management system.

Certification Body details:	Scope of Approval:
Number of Production Sites:	Number of employees:
Section 6: Supporting Documentation	
<i>Please supply the following documentation as relevant:</i>	
<input type="checkbox"/> Technical File <input type="checkbox"/> Component/Material Approvals <input type="checkbox"/> Existing Test Reports	<input type="checkbox"/> Existing Article 10 Certificates <input type="checkbox"/> Copies of EC Declarations of Conformity <input type="checkbox"/> Any other supporting documentation <i>Give further details here:</i>
Any Additional Comments:	

By completing and signing this form the applicant is confirming that no application has been made to another Notified Body and that no other Notified Body has previously refused certification for the product.

Applicants signature:	Date:
Name in Block Capitals:	Position in Company:

To be completed by Fleetwood Notified Body on return of application:	
Application accepted <input type="checkbox"/>	Application declined <input type="checkbox"/>
Justification of acceptance/decline:	