

**FLEETWOOD NOTIFIED BODY APPLICATION FORM:  
APPLICATION FOR MARINE EQUIPMENT UK CONFORMITY ASSESSMENT IN ACCORDANCE WITH  
THE MERCHANT SHIPPING (MARINE EQUIPMENT) REGULATIONS 2016 AS AMENDED**

**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**

<b>Type of Product:</b>	<b>Name of Product(s):</b> <i>Please include any relevant model numbers</i>	<b>Description of Product(s):</b>
<input type="checkbox"/> <b>Lifejacket</b> <input type="checkbox"/> <b>Immersion Suit</b> <input type="checkbox"/> <b>Thermal Protective Aid</b> <input type="checkbox"/> <b>Lifebuoy</b>		

**Section 3: Conformity Modules required:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Module B only</b> (please provide details of conformity route) | <input type="checkbox"/> <b>Module D only</b> |
| <input type="checkbox"/> <b>Module B and D</b>   | <input type="checkbox"/> <b>Module E only</b> |
| <input type="checkbox"/> <b>Module B and E</b>   | <input type="checkbox"/> <b>Module F only</b> |
| <input type="checkbox"/> <b>Module B and F</b>   |   |

**Section 4: Performance standards**

Please list the standards to be applied in support of certification.

**Section 5: Existing Quality Management System Certification**

**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.

<b>Issuing Certification Body details:</b>	<b>Scope of Approval:</b>
<b>Number of Production Sites:</b>	<b>Number of employees:</b>

**Section 6: Supporting Documentation**

**FLEETWOOD TEST HOUSE**

<i>Please supply the following documentation as relevant:</i>	
<input type="checkbox"/> <b>Technical File</b> <input type="checkbox"/> <b>Component/Material Approvals</b> <input type="checkbox"/> <b>Existing Test Reports</b>	<input type="checkbox"/> <b>Existing Module B Certificates</b> <input type="checkbox"/> <b>Copies of UK Declaration of Conformity</b> <input type="checkbox"/> <b>Any other supporting documentation</b> <i>Give further details here:</i>
<b>Any Additional Comments:</b>	

<b>By completing and signing this form the applicant is confirming that no application has been made to another Approved Body and that no other Approved Body has previously refused certification for the product.</b>	
<b>Applicants signature:</b>	<b>Date:</b>
<b>Name in Block Capitals:</b>	<b>Position in Company:</b>

<b>To be completed by Fleetwood Notified Body on return of application:</b>	
<i>The information about the client and the product is sufficient for the conduct of the certification process?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>The scope of certification sought is defined.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>The means are available to perform the requested evaluation activities?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>FNB has the competence and capability to perform the certification activity?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Application accepted <input type="checkbox"/>	Application declined <input type="checkbox"/>
<i>FNB signature</i>	
<i>Additional comments:</i>	