

APPLICATION

All fields are obligatory, except the fields with a specific remark

Name and address of the manufacturer

Representative name and address (if necessary)

Location of the equipment/manufacturer

Contact person

Phone

We ask to carry out

name of the equipment/assembly

Conformity assessment according to pressure equipment directive

module

Technical data of the equipment

Section	PS (min/max) [bar]	TS (min/max) [°C]	V [L]	DN	PT [bar]	Fluid; Group
I						
II						

Following documentation is annexed to this application:

Applicant confirms, that:

- guarantees safe working conditions for the assessment.
- the current application is not submitted to other notified body.
- is aware of [Standard terms of conformity assessment contract](#) and understands them, knows the content and commits to fill them.
- has read the Kiwa Estonia OÜ General Sales and Contract terms and conditions <https://www.kiwa.com/ee/et/ettevottest/uldingimused/> and understands the content and comply with the contract.

Applicant

name

Date

The conformity assessment contract will be entered into the force between Kiwa Estonia OÜ and the applicant by submitting the application.