

## 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:

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### **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 Inspecta Estonia OÜ General Sales and Contract terms and conditions <https://www.kiwa.com/ee/et/ettevotest/uldingimused/> and understands the content and comply with the contract.

Applicant

name

Date

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