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| **General data of applicant (conform Chamber of commerce)** |
| Contact person | Mr. / Mrs. / Ms.  |
| Function |  |
| E-mail |  |
| Name organisation |  |
| Kiwa Customer nr.(if known) |  |
| Following information only needed if no Kiwa customer nr. is available. |
| Address |  |
| Zip code and city |  |
| Country |  |
| Mailing address(if different) |  |
| Telephone / Fax |  |  |
| Website |  |
| Chamber of commerce nr. |  |
| VAT nr. |  |

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| **Specific product information** |
| **Desired certification according to scheme HP KEYMARK****See Annex A at <https://www.heatpumpkeymark.com/documents/> for clarification about requested information.****When an existing product is modified Annex F of above mentioned documents has to be filled in and send to Kiwa together with this form)** |
| Type of certification: |
| [ ]  Initial certification | [ ]  Extension | [ ]  Modification |
| [ ]  Recertification (end date certificate) :  | [ ]  Other: |
| **Heat Pump type** |
| [ ]  Outdoor air (or exhaust air) / water |
| [ ]  Water / water (including.brine / water) |
| [ ]  Direct expansion / water |
| [ ]  Air / air – outdoor air / recycled air and air conditioners except single duct and double duct units |
| Sub-type: |
| Model: |
| Factory: |
| **Certification approach** | [ ]  One off admission testing | [ ]  Periodic testing |

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| **Surveillance information**  |
| Do you want Kiwa to perform the surveillance?(Mandatory for HP KEYMARK) | [ ]  Yes (A separate application form for surveillance will be sent) | [ ]  No |
| If applicable, existing Kiwa contract nr. |  |

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| **Planning** |
| In which period would you like the initial testing to take place, if applicable?  |  |
| In which period would you like the certification to take place? |  |

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| **Additional product information to make a quotation** |
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Please send this form to Mr. Ernst Vossers by e-mail (eup@kiwa.nl and Ernst.Vossers@kiwa.nl). After receipt we will contact you as soon as possible.