



**MNA LABORATUVARLARI SAN. TİC. LTD. ŞTİ.**

**DEAR CUSTOMER,**

**Thank you for your interest in our company. We kindly ask you to complete all sections of the form and return it to us in a legible manner in order for us to provide you a complete service at full strength.**

**APPLICATION FORM**

**Date** :

**Trade Name** :

**Application Form** :

(to be completed by MNA.)

<b>1.1</b>	<b>Requested Service</b>
Initial Certification Application	
Certification Application (Please check here in you have a product certified by MNA Laboratory.)	
Scope Change Application	
<b>1.2</b>	<b>Request Holder for Certification</b>
Full Trade Name:	
Address:	
Tax Office/Taxpayer ID No:	
Tel:	
Fax:	
E-mail:	
<b>Contact Person:</b>	
Full Name and Position:	
Contact Details:	
E-mail	

<b>Product Control</b>		
(This section is to be completed by the application holder for certification.)		
Is the product designed by you?	<b>Y</b>	<b>N</b>
Are the changes made in its design under your control?	<b>Y</b>	<b>N</b>
Do you check the quality system of the manufacturer?	<b>Y</b>	<b>N</b>
Does the agreement executed with the manufacturer cover the titles above?	<b>Y</b>	<b>N</b>
<b>1.3</b>	<b>Manufacturer and Product Control</b> (Complete here if it is different from the request holder for certification.)	
Full Trade Name:		
Address:		
Tax Office/Taxpayer ID No:		
Tel:		
Fax:		
E-mail:		
<b>Contact Person:</b>		
Full Name and Position:		
Contact Details:		

<b>1.4</b>	<b>Commercial Details</b>	
Trade Registration Number:		
Your Production Processes (Please specify if you outsource any process/design.):		
Trademark Registration Number :		
Patent Number (if applicable) :		
<b>1.5</b>	<b>Information on the Place of Production</b>	

Please specify your laboratory details and human/technical resources of your inspection plant with respect to the area for which a certification application has been made:		
Please specify your relation, if any, with and the functions of a legal entity:		
Please specify any special conditions and limitations concerning the area of production:		
Is there any quality management system certificate obtained from an accredited institution with regard to the quality management system?	Yes	No
If yes, please specify the certificate number:		
Does the production activity take place at more than one address? (If yes, we kindly ask you to provide the details in the section below.)	Yes	No
Address:		
Please define the production processes within the scope of the activities of the place of production.		
Please define any subcontracted activities in this area.		

1.6	Information on the Product(s) for which a Certificate is Requested	Write the Requested Certification Standard.
	Hand and Arm Protective Equipment	
	Protective Equipment-General Equipment (Coveralls)	
	Foot and Leg Protective Equipment	
	Head Protective Equipment	
	Buyoyancy Equipment	
	Hearing Protective	
	Eye and Face Protective Equipments	
	Motorcycles Protective Equipments	
	Falling form high protective Equipments	

Respiratory Protective Equipments	
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MODEL	TYPE	DIMENSION	CATEGORY	APPLICATION MODULE		
				MODULE B	MODULE C2	MODULE D

**1.7. INFORMATION ON THE PRODUCT(S) FOR WHICH A CERTIFICATE IS REQUESTED**

Conformity assessment of the products subjected to certification is carried out in accordance with the Personal Protective Equipment Directive No. 2016/425/EU.

**Please specify the details if the product(s) for which a certification is requested has been subjected to certification by another institution or if another certification authority exists.**

**There is not any certification / certification application.**

**There is a certification / certification application (please specify the institution, certificate number, application number and the details thereof below.)**

\*The fabric used as a sample is required to be sent for analysis so that it will be 1 meter x 1 meter.

if you do not have an EU type examination certificate from our institution, add the following documents to the form.

**Please attach the following documents to the form.**

- 1) Updated official documents about the legal entity (Trade registry gazette, circular of signature, certificate of good standing)
- 2) Information on the processes and operations
- 3) Information on the outsourced processes (subcontracted production etc.)
- 4) Information on the authorized officer
- 5) Product(s) to be subjected to certification
- 6) Trademark registration and patent certificates, if any
- 7) Technical Product Documentation must be prepared so that it will fulfil the provisions of Annex 3 of the Personal Protective Equipment Directive No. 2016/425/EU.
- 8) Photocopies of the Quality Management System documents of the customer
- 9) The agreement between the applicant company and manufacturer if they are different from each other
- 10) Information on the contact persons for the product(s) subjected to certification if the manufacturer is different
- 11) Test reports concerning the tests conducted on the product at updated standards  
Other documents (.....)
- 12) Sample quantities required for the tests intended for the certification activity are as follows:

\*Ask for assistance of the file acceptance officer for the marked products.

\*\* As many witness samples as the number of samples to be analysed must be sent for the products to be subjected to certification.

INFORMATION ON THE OFFICER OF THE COMPANY WHO COMPLETED THE FORM
Full Name
Position
Date
We hereby agree that the auditor associated with the product certification authority may enter into the areas where production processes take place within normal working hours after seeing the authorized officer or his deputy.

Seal/Signature: