



URZĄD DOZORU TECHNICZNEGO

UDT-CERT

ul. Szczęśliwicka 34, 02-353 Warszawa
tel. (22) 5722100; e-mail: cert@udt.gov.pl

Ref. No. (assigned by UDT-CERT)

Application for the Conformity Assessment Services - Directive 2014/33/EU

Module: B C2 D E F* G H H1

1. **Manufacturer/Installer** (name, address, tel., e-mail):

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Phone:..... E-mail:..... NIP (Tax ID no.):.....

2. **Authorized representative** (name, address, tel., e-mail) :

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Phone:..... E-mail:..... NIP (Tax ID no.):.....

3. **Person for contact with UDT:**.....

Phone:..... E-mail:.....

4. **Scope of conformity assessment** (if applicable):

<input type="checkbox"/> Lift:	<input type="checkbox"/> Electric	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> With reduced refuge spaces	
Type/Series	Serial No.	Speed	Number of landings	Location where the lift is installed

<input type="checkbox"/> Safety component:			
<input type="checkbox"/> Device for locking landing doors <input type="checkbox"/> Device to prevent the car from falling or uncontrolled movements <input type="checkbox"/> Overspeed limitation device <input type="checkbox"/> Buffer <input type="checkbox"/> Safety device fitted to hydraulic jacks <input type="checkbox"/> Electric safety device in the form of safety circuit containing electronic components			
Component	Type/Serial No.	Location where conformity assessment is to be carried out	Place of manufacture

5. **Applied standards, technical specifications**:** PN-EN 81-20, PN-EN 81-50 PN-EN 81-70

PN-EN 81-71 PN-EN 81-72 PN-EN 81-73 PN-EN 81-21

Other:

6. **Outsourced processes affecting product conformity***:**

7. **Attachments:** device(s) technical file(s)/management system with content required for conformity assessment or electronic version of the documentation

8. Additional information:

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9. Hereby we confirm that no application concerning the same equipment/devices has been submitted to another Notified Body

We shall provide access for the Notified Body's representative performing inspection activities to the place of manufacture, tests, checks and data storage, and declare readiness to make all the necessary information available.

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(Place, date)

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(Signature and stamp of the authorized person/
electronic signature)

* Final inspection of lifts

** Standards applicable and valid at the day of application submission

*** Refers to D, E, H, H1 modules