

# APPLICATION FOR THE CONFORMITY ASSESSMENT OF LIFT

[2014/33/EE, FOR CYPRUS P.I 309/2016]

To **TUV CYPRUS Ltd.** – Notified Body 2261  
2 Papaflessa Street, 2235 Latsia, Nicosia, Cyprus, P.O.BOX.: 20732, Nicosia 1663  
Tel.: +357-22 442 840, Fax: +357-22 442 850

**1. Genera Data**

**- Data for the installer / maintainer / manufacturer  
(company, technical office)**

Name: ÖZAY MÜHENDİSLİK - MEHMET MUHAMMET ÖZDOĞRU

Address: İMARET MAHALLESİ 154. SOKAK NO: 2/F MERKEZ/KARAMAN

**Licensed Studier Data**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**- Owner Name / Building Operator**

fds

**- Invoiced Data**

Name: ÖZAY MÜHENDİSLİK - MEHMET MUHAMMET ÖZDOĞRU

Postal Code: 70200 Phone: +90 338 213 7070 T.I.C: \_\_\_\_\_ V.A.T No :23450701136

**2. Data relative to the product**

Address of the installed lift: Akpınar Mah fds Aladağ/Adana – fds/fds

Kind of the Lift: electric ☒ / hydraulic ☐, Product s/n: fdsUse of the building: Residential ☒, Office ☐, Public ☐

Stops / Trave fds /fds mm Nominal Load / Persons: fdskg / fds kişi

Certificate from previous checks: \_\_\_\_\_

**3. Procedure for the conformity assessment : (µε √)**

|     |  |                               |   |                                    |   |
|-----|--|-------------------------------|---|------------------------------------|---|
| 3.1 | Eu-Type Examination for Lifts                                      | Annex IVB                     |   | <b>TUV CYPRUS LTD<br/>USE ONLY</b> |   |
| 3.2 | Final Inspection for Lifts   | Annex V                       |   |                                    |   |
| 3.3 | Unit Verification for Lifts  | Annex VIII                    | √ | Availability                       | √ |
| 3.4 | Conformity to type based on product quality assurance for lifts    | Annex X                       |   | Technical completeness             |   |
| 3.5 | Full quality assurance   | Annex XI                      |   |                                    |   |
| 3.6 | Conformity to type based on production quality assurance for lifts | Annex XII                     |   |                                    |   |
| 3.7 | Periodical Check   | P.I 533/2012                  |   |                                    |   |
| 3.8 | Extraordinary Check<br>(P.I 309/2016 / P.I 533/2012)               | P.I 309/2016<br>P.I. 533/2012 |   |                                    |   |

**I declare that:**

- I am aware of the P.I 309/2016 and I will comply with the regulations.
- I will pay all the relevant costs for the application of the above conformity assessment procedure to TUV CYPRUS Ltd.
- I am committed to give to TUV CYPRUS Ltd any other additional information, documents and samples, which are necessary for the assessment of conformity.
- I have not lodged the same application in other Notified Body.
- The product which I apply for assessment has been not rejected from any other Notified Body.

For the **TUV CYPRUS LTD**  
Lifts Department

**Name (Stamp) of Applicant**

Date / Signature

Date / Signature