

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

Fehim İnşaat

- 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: Siyahser Mah 32.Sok. No:14 Merkez/Karaman – 123/2

Kind of the Lift: electric ☒ / hydraulic ☐ , Product s/n: OZY2451

Use of the building: Residential ☒ , Office ☐ , Public ☐

Stops / Trave 8 / 21000 mm Nominal Load / Persons: 800kg / 10 kişi

Certificate from previous checks: _____

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

3.1	Eu-Type Examination for Lifts	Annex IVB		TUV CYPRUS LTD USE ONLY	
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 (P.I 309/2016 / P.I 533/2012)	P.I 309/2016 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