

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: BULUT ASANSÖRLERİ-NAİLE BULUT

Address: YEŞİLYURT MAHALLESİ 70613 SOKAĞI NO:2 C-A BLOK 2.GİRİŞ SEYHAN/ADANA

Licensed Studier Data

Name: _____ Address: _____

- **Owner Name / Building Operator**

MALİYE HAZİNESİ

- **Invoiced Data**

Name: BULUT ASANSÖRLERİ-NAİLE BULUT

Postal Code: 1150 Phone: +5321723950 T.I.C: _____ V.A.T No :23561005506

2. Data relative to the product

Address of the installed lift: Sümer Mah Karafatma Sokak. No:122 Seyhan/Adana – 1653/20

Kind of the Lift: electric ☒ / hydraulic ☐ , Product s/n: BLT-241

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

Stops / Trave 5 /18000 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:

- a) I am aware of the P.I 309/2016 and I will comply with the regulations.
- b) I will pay all the relevant costs for the application of the above conformity assessment procedure to TUV CYPRUS Ltd.
- c) I am committed to give to TUV CYPRUS Ltd any other additional information, documents and samples, which are necessary for the assessment of conformity.
- d) I have not lodged the same application in other Notified Body.
- e) 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

BULUT LEE ASANSÖR
NAİLE BULUT
Yeşilyurt Mah. 70613 Sk. Alparsar Sit.
A Blok 2. Giriş No: 2/C Seyhan / ADANA
Tel: 0532 172 39 50
Ziyapasa M.D.: 234 610 05506