APPLICATION

## FOR THE CONFORMITY ASSESSMENT OF LIFT

## [2014/33/ΕΕ, 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: {as\_firma\_adi}

Address: {as\_firma\_adresi}

**Licensed Studier Data**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- **Owner Name / Building Operator**

{yapi\_sahibi\_adi}

**- Invoiced Data**

Name: {as\_firma\_adi}

Postal Code: {as\_firma\_posta\_kod} Phone: {as\_firma\_tel} T.I.C: \_\_\_\_\_\_\_\_\_\_\_V.A.T No :{as\_firma\_vergi\_no}

**2. Data relative to the product**

Address of the installed lift: {montaj\_adresi} – {ada}/{parsel}

Kind of the Lift: electric  / hydraulic , Product s/n: {as\_seri\_no}

Use of the building: Residential , Office , Public

Stops / Trave {durak\_sayisi} /{seyir\_mesafesi} mm Nominal Load / Persons: {beyan\_yuku}kg / {kisi\_sayisi} kişi

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3.1 | Eu-Type Examination for Lifts | Annex  IVB | **{B}** | **TUV CYPRUS LTD**  **USE ONLY** | **{B}** |
| 3.2 | Final Inspection for Lifts | Annex  V |  |  |  |
| 3.3 | Unit Verification for Lifts | Annex  VIII | **{G}** | Availability | **{G}** |
| 3.4 | Conformity to type based on product quality assurance for lifts | Annex  X | **{E}** | Technical completeness | **{E}** |
| 3.5 | Full quality assurance | Annex  XI | **{H1}** |  | **{H1}** |
| 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 / SignatureDate / Signature