

Application for MED certification



This application will be followed by a general agreement of certification between DBI Certification and you as the customer if certification is decided by DBI Certification.
 (If a general agreement regarding the specific area already is issued, no new agreement will be required). By signing the applicant declares that no other NB's has received an application for certification of this product.

Applicant

Company name	
Address	
Contact person	
Phone no.	
E-mail address	

To be filled in by DBI Certification	
File no.	
Certificate no.	
Certification decided:	Date
Signature:	
Signature:	

List of products to be certified:

Product			Status		Test standard(s)
Product Reference	Product type (Annex A.1)	Modules of application	Prototype	In production	No.
		B, D, E, F, G			
Place(s) of production:					

Required documentation:

(In copies)

Document type	Reference no.	Comments
Product specification(s) (including eventual manuals)		
Sample report(s) (if any)		
Test report(s) Risk assessment analysis		
General description of production flow (inclusive testing points).		
Technical documentation: Normally corresponding to list of documentation from test report! (E.g. drawings, bill of materials, etc.)		

Date:

Date:

(Customer)

(DBI Certification)