

## Application for MED re-certification

This application is part of the general agreement of certification between DBI Certification and you as the customer.

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 re-certified:

Product		
Certificate number	Product type (Item list)	Modules of application
		B, D, E, F, G

### Required documentation if DBI Certification is not NB for the Surveillance certificate

**(D, E, F, G):**

(In copies)

Document type	Reference no.	Comments
Product specification(s) (including eventual manuals)		
Test report(s) Risk assessment analysis		
Technical documentation: Normally corresponding to list of documentation from test report! (E.g. drawings, bill of materials, etc.)		
Description of eventual changes since the initial type testing including evaluation reports.		

Date:

Date:

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(Customer)

\_\_\_\_\_

(DBI Certification)