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| *kérelem Gyártói DOKUMENTÁCIÓ BEFOGADÁSÁHOZ /  Application Form for RETENTION OF MANUFACTURING DOCUMENTATION*  *A 2014/34/EU direktíva 13. cikk (1) bekezdés b) pontja (ii) alpontja szerint* ***(”A” MOdul)***  *As of Directive 2014/34/EU Article 13.1(b)(ii)* ***(MODULE A)*** |  |

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| **A)** | | **Kérelmező /** A*pplicant*: | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | |
| **Cím /** *Address:* | | | | | | | | | |  | | | | | | | | | | |
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| **B)** | | | **Termék /** *Product***:** | | | | | | | **A gyártmányon található megjelölés szerint /**  *According to the marking on the product* | | | | | | | | | | | | | | |
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|  | | | **Típus /** *Type***:** | | | | | | |  | | | | | | | | | | | | | | |
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|  | | | **Modell /** *Model***:** | | | | | | |  | | | | | | | | | | | | |
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| **Készülék /** *Apparatus***:** | | | | | | |  | **Komponens /***Component***:** | | | | | |  | **Védelmi rendszer****/** *Protective System***:** | | | |  | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | |
| **Villamos eszköz /**  *Electrical equipment:* | | | | | | |  | | | **Nem-villamos eszköz /**  *Non-electrical equipment:* | | | | | | **X** | |  | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | |
| **C)** | | **Nyilatkozat /** *Declaration of the applicant:* | | | | | | | | | | | | | | | | | | | |
|  | | **Ezúton nyilatkozom, hogy a tárgyi terméket más Tanúsító Intézethez nem adtam be 2014/34/EU ATEX irányelv szerinti megfeleltetés céljából.**  *We declare that the application for the filing of manufacturer’s documentation designated in part B above according to the Directive 2014/34/EU has not been lodged with any other Notified Body.* | | | | | | | | | | | | | | | | | | | |
| **D)** | | | **Aláírás /** *Signature***:** | | | | | | |  | | | | | | | | | |
| **A kérelmet a robbanásbiztos gyártmányokért felelős személynek kell aláírnia.** | | | | | | | | | | | | | | | | | | | |
| *This application form shall be signed by the Ex-authorized person of the applicant.* | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |
| **Helyszín /** *Place***:** | | | | |  | | | | | | **Dátum /** *Date***:** | | | | |  | | | |
|  | | | | |  | | | | | |  |  | | | | | | | |
| **Aláíró neve:**  *Name and Surname:* | | | | |  | | | | | | **Aláírás:**  *Sign:* | | | | |  | | | |

**Aláírásommal igazolom, hogy megbízást adtam a tárgyi termék a 2014/34/EU Direktíva szerinti megfeleltetésére, és a termék fölött teljes joggal rendelkezem.**

*I, the undersigned confirm our understanding that the Agreement For Services apply and confirm that applicant is in full possession of all necessary rights on the product.*

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| **E)** | **Általános információ /** *Informations for Applicant***:** |  |
|  | *Minden termék esetében önálló kérelmet kell benyújtani.*  *Applicant shall fill the Application Form separately for each individual type of equipment.* | |