Notified body 1389



Application for performance of activity of Notified body 1389 – CPR 305/2011

**Assessment and verification of constancy of performance (AVCP) according to technical specification (hEN)** (*Check off the required performance)*:

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| --- |
| [ ]  AVCP system 1 - an assessment of the performance of the construction product, initial inspection of the manufacturing plant and of FPC, continuing surveillance, assessment and evaluation of FPC[ ]  AVCP system 2+ - initial inspection of the manufacturing plant and of FPC, continuing surveillance, assessment[ ]  AVCP system 3 - an assessment of the performance of the construction product |

**MANUFACTURER:**

|  |  |
| --- | --- |
| Trade name (or first name and surname of an individual): | INo:VAT: |
| Address (or place of business an individual): | tel.:E-mail: |
| Manufacturing plant (address): | tel.:E-mail |
| Bank account: | Account number: |
| Statutory representative: | Manufacturer's worker representative for negotiation with the NB: |
| Authorised representative for negotiation with the NB (only if he is not a manufacturer's worker): | Contact address of authorised representative, tel., E-mail: |

**PRODUCT:**

|  |
| --- |
| 14. Name of product, type, intended use, technical specification – hEN:1) |
| The technical documentation accompanying the application:*(*if necessary, indicate in a separate annex*)* |

1) specify the exact name according to a technical document, according to which product you produce, including any specification (eg .: subtype, design, dimension class, etc.)

**Applicant declares that the information provided in the application and in the attached documentation are correct and complete. The applicant declares that he has not registered the same product with another notified body.**

................................................... ................................................... Place and date of issue of application Signature of representative of manufacturer

**DO NOT WRITE**

|  |  |  |
| --- | --- | --- |
| **Datum přijetí:**  | **Ev. č.:** | **Přezkoumal:** |