| **Type Approval Application Checklist** | | |
| --- | --- | --- |
| **Details:** | | **Document checklist**  **(to be completed by the Applicant);** |
| **1. Applicant:** (Company Name and Address of each location, Phone Number, Email address, Contact Person. Please provide information relating to your human and technical resources (including laboratories and/or inspection facilities), and its functions and relationship in a larger corporation/group, if any) | | Existing ISO 9001 certificate |
| **2. Manufacturer:** Please note that this name will be listed on the certificate (if different from 1: Company Name and Address, Phone Number, Email address, Contact Person. Please explain your relationship with the Applicant, any relevant legal obligations) | | Existing ISO 9001 certificate |
| **3. Authorized Representative:** (Name and Address, Phone Number, Email address, Contact Person). **Please note**: This is required for the Manufacturers not located in the territory of at least one European Union member State applying to the MED Certification)**.** Details of Authorised Representative will not be listed on the certificate | | Written mandate |
| **4. Place(s) of Production:** (if different from 1 or 2: Company Name and Address, Phone Number, Email address, Contact Person.). | | Existing ISO 9001 certificate |
| **5. For application for Module D or E only: Please provide information required in 5A. – to 5D for each Place of production:** 5A. Total number employees at the site:  5A1: No of shifts:  5B Totalnumberof employees involved in the MED production (effective staff):  5C: No of Module B’s applicable for the company/location 5D: No of MED categories  **For Man Day calculation refer to section 12** | |  |
| **6. Product:**  Name:  Description:  Item number (for MED certification): MED/  Item number (for UKCA): UK/  Type:  Application: Marine/Offshore/Industrial (delete as appropriate)  Ratings:  Standards and/and other normative documents for which certification is sought:  Other conditions: | | **Please note that below documentation is required to be provided by the Applicant with each application:**  General/functional description of the product  Technical documentation including test report(s)  Copies of accreditation certificates and schedules (for the test house(s))  Analysis and assessment of risk(s)  Product Specification/Literature/ data sheets  Design Drawings, sufficient to fully define the product  Software Quality Plan |
| **7. Type Approval Certificate**: (**Must be marked**; Multiple options may be applicable)  New  Renew  Amend  LR Type Approval  MED  **PLEASE SPECIFY WHICH NB:** LRD **OR** LRV BV  Module B Module D Module E Module F Module G US Coast Guard  UKCA  Module B Module D Module E Module F Module G US Coast Guard  EU Mutual Recognition MCA Transport Canada  Draft Type Approval Certificate required (will be issued prior to issue of final Certificate in order to allow a review) | | Copies of existing Module B EC Type Examination Certificates  Copies of EC Declarations of Conformity  Relevant Existing Certificates |
| **8. For Renewal or Amendments to an existing Certificate please state previous Certificate Number(s):**  In addition, if you have a Module D/E Certificate to be amended please list the Certificate number: | |  |
| **9. Have any changes/amendments been made to the following since previous Certificate was issued?**  Product Yes No  Documentation Yes No  Technical files previously submitted to LR Yes No | | If yes, to any changes please provide:  Detailed description of changes  Relevant documentation |
| **10. Do you outsource any processes, production, or activities relating to your MED activities? Please note that for Module D/E an audit at suppliers can be necessary and additional audit days required.**  Yes No | | If yes, please provide details, including information concerning all outsourced processes used that will/may affect conformity to requirements; if another legal entity is used for producing the certified product(s) that is different from your entity, then appropriate contractual arrangements shall be established with that entity. |
| **11. Testing:**  Specified standards: (Including (Inter)National standards, International Conventions, Rules)  Environmental Testing in accordance with LR Test Specification No. 1:  ENV1 – controlled environments only, to producer´s specification  ENV2 – enclosed spaces subject to temperature, humidity and vibration: 5°C to 55°C  ENV3 – enclosed spaces subject to generated heat from other equipment: 5°C to 70°C  ENV4 – mounted on reciprocating machinery: 5°C to 55°C  ENV5 – open decks: -25°C to +70°C  Additional tests e.g. IP65: please state | | Proposed Test Programme, Test Report/Drawings  Existing Test Reports |
| **12. Man Day Calculation** (To be completed by LR):   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Site | Standard / Code | Type of Visit | Approx. Man Days | | Man Days of follow up visits | | | Work | Travel | Work | Travel | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | |  |
| **13. Please provide** all other information such as information for initial evaluation and surveillance activities, e.g. the locations where the certified product(s) are produced and contact personnel at these locations. | | |
| **14. Comments:** | | |
| **15. Declaration:**  I declare that information provided is true and complete and that the same application has not been lodged with any other notified body | **16. Client ‘s Name (block capitals please):**  **Signature:**  **Date:** | |
| **17. Application review conducted by (Name, date and signature):**  (LR use only) |  | |