| **Type Approval Application Checklist** |
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| **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/location5D: 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 |
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| **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) |  |