| **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 but not for countries covered under below footnote 1)**.** 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 LRMD  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) |  | |

1The Agreement on the European Economic Area, in force since 1 January 1994, covers all Union harmonisation legislation thus, Union harmonisation legislation also applies to the so-called EEA EFTA States: Iceland, Liechtenstein and Norway. The requirement for the appointment of an Authorised Representative is not applicable for those countries.

Since from the end of 2020, the Protocol on Ireland/Northern Ireland (‘IE/NI Protocol’) applies for a period of 4 years. The IE/NI Protocol is subject to periodic consent of the Northern Ireland Legislative Assembly. According IE/NI Protocol EU rules apply, and Northern Ireland is assimilated to a Member State. The requirement for the appointment of an Authorised Representative is not applicable for Northern Ireland for the time of the validity period.