**According to 94/23/EC Appendix 1. to this Decision**

The undersigned, (name, position) on my own, as

the (address) registered office,

 (applicant (firm) name) manufacturer’s representative,

as manufacturer, or the ……………………………….authorized by country producer, and registered representative in the European Economic Area only and exclusively request the European Technical Assessment procedure from CEMKUT Kft.

Type of construction product:

The name (s) of the construction product as it will appear in the assessment:

Definition and intended use of the construction product:

Production plant (s) producing the construction product: …………………………………………………………

Applicant’s statement:

* I haven’t submitted any national technical assessment application form for the issue of a construction product abovementioned to other Technical Assessment Body (TAB), or
* national technical assessment which an application for the issue of a construction product abovementioned to ………………………………………………………… (name of the TAB) organization has been made, but the application was rejected/withdrawn, because …………………………………………………………
* I agree to other EOTA bodies and the Comission of the EC being notified of the application.
* the data given in this application are correct,
* I provide all the documents and information necessary to complete the procedure,
* the above construction product **does not covered/not fully covered** [[1]](#footnote-1)on harmonised European standard (hEN), Hungarian standard (MSZ), non-harmonised European standard, international standard, issued European Technical Assessment (ETA).

Standard/assessment number, derogation from that is justified:

I also declare that I am acquainted with the rules in force and the conditions of the Technical Assessment Bodies (see www.cemkut.hu/dokumentumok), and fully accept all of its requirements.

I provide the necessary documents for the procedure which are described in the T5501 Information on assessment procedures and processes entitled document.

I authorize the Technical Assessment Body to use the data we provide to implement the activity specified in this application, including information on the computer system.

Contact person who represents for Technical Assessment Body:

Name, position:…………………………..………………………………………………………..……………………………..

Contact details (postal address, telephone and fax number, e-mail address):

………………………………………………………………………………………………………………………………………

Location:…………………………………………………………………………….,Date:……………………………………

Signature: ………………………………………….

L.S.

Note The application is issued by either the *manufacturer* or the authorized *representative* who is established in the European Economic Area. A separate request is required for each product type and for each factory. The application shall be made in capital letters, in one original in a language agreed beforehand.

1. Appropriate underlining [↑](#footnote-ref-1)