

ご記入サンプル

Application Checklist – Appendix to Form 2502TA/2502TA MR

Details:	Document checklist:
<p>1. Applicant: (Company Name and Address, Phone Number, Email, Contact-Person) MED証明書に記載の御社住所、お電話番号、email、ご担当者名をお書きください。</p>	<input type="checkbox"/> Existing ISO 9001 certificate
<p>2. Manufacturer: (if different from 1: Company Name and Address, Phone Number, Email, Contact-Person) 製造所の場所が設問1と違う場合は、ご住所、お電話番号、email、ご担当者名を記入してください。</p>	<input type="checkbox"/> Existing ISO 9001 certificate
<p>3. Authorized Representative: (Name and Address 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) 認定代理人の会社名とご住所を記入してください。</p>	<input type="checkbox"/> Written mandate
<p>4. Place(s) of Production: (if different from 1 or 2: Company Name and Address, Phone Number, Email, Contact-Person) 製造場所が設問1又は2と違う場合は、ご住所、お電話番号、email、ご担当者名を記入してください。</p>	<input type="checkbox"/> Existing ISO 9001 certificate
<p>5. Product: Description: 例 : Lifejacket and Immersion Suit Type: Application: Marine/Offshore/Industrial (delete as appropriate) Ratings: Other conditions:</p>	<input type="checkbox"/> General/functional description of the product <input type="checkbox"/> Product Specification/Literature/ data sheets <input type="checkbox"/> Design Drawings, sufficient to fully define the product <input type="checkbox"/> Software Quality Plan
<p>6. Type Approval certificate: (Multiple options may be applicable)</p> <p><input type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Amend</p> <p><input type="checkbox"/> LR Type Approval <input type="checkbox"/> MED <input type="checkbox"/> Module B <input type="checkbox"/> Module D <input type="checkbox"/> Module E <input type="checkbox"/> Module F <input type="checkbox"/> Module G <input type="checkbox"/> US Coast Guard <input type="checkbox"/> EU Mutual Recognition <input type="checkbox"/> MCA 該当する項目にチェックしてください <input type="checkbox"/> Transport of Canada</p> <p>For Renewal or Amendments to an existing Certificate please state previous Certificate Number(s). In addition if you have a Module D to be amended please list the certificate number:</p> <p><input type="checkbox"/> Have any changes been made to the product, documentation or production since previous Certificate(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Draft Type Approval Certificate required (will be issued prior to issue of final certificate in order to allow a review by the Client)</p>	<input type="checkbox"/> Copies of existing Module B EC Type Examination Certificates <input type="checkbox"/> Copies of EC Declarations of Conformity <input type="checkbox"/> Relevant Existing Certificates <input type="checkbox"/> Documentation describing any changes made to the product, documentation or production
<p>7. Testing: Specified standards: (Including (Inter)National standards, International Conventions, Rules) Environmental Testing in accordance with LR Test Specification No. 1: <input type="checkbox"/> ENV1 – controlled environments only, to producer’s specification <input type="checkbox"/> ENV2 – enclosed spaces subject to temperature, humidity and vibration: 5°C to 55°C <input type="checkbox"/> ENV3 – enclosed spaces subject to generated heat from other equipment: 5°C to 70°C <input type="checkbox"/> ENV4 – mounted on reciprocating machinery: 5°C to 55°C <input type="checkbox"/> ENV5 – open decks: -25°C to +70°C 環境試験を行う場合は該当項目にチェック <input type="checkbox"/> Additional tests e.g. IP65: please state して下さい</p>	<input type="checkbox"/> Proposed Test Programme, Test Report/Drawings <input type="checkbox"/> Existing Test Reports
<p>8. Comments:</p>	<p>該当する項目にチェックしてください</p>
<p>9. Declaration: I declare that information provided is true and complete</p>	<p>10. Client 's Name in CAPITALS and Signature and Date: ご署名と日付、 ご署名された方のお名前をアルファベット大文字でご記入下さい。</p>