Type Approval Application Checklist

Details:	Document checklist (to be completed and documents submitted by the Manufacturer/ 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) 申込者の住所、電話番号、E-mail、担当者様のお名前を入力下さい。	☐ Existing ISO 9001 certificate
2. Manufacturer: (if different from 1: Company Name (in full) and Address (Street name and number, City, State (if applicable), Postal Code, Country), Phone Number, Email address, Contact Person. Please explain your relationship with the Applicant, any relevant legal obligations) **Please note:** A. This Company name and address will be listed on the certificate 製造者が 1. と異なる場合、住所、電話番号、E-mail、担当者様を入力下さい。	☐ Existing ISO 9001 certificate
3. Authorized Representative: (Name (in full) and Address (Street name and number, City, State (if applicable), Postal Code, Country), Phone Number, Email address, Contact Person). **Please note**: A. This is required for the Manufacturers not located in the territory of at least one European Union member State applying for the MED Certification but not for countries covered under below footnote [1]). B. Details of Authorised Representative will not be listed on the certificate MED で認定代理人がいる場合、会社名と住所を入力下さい。	☐ Written mandate
4. Place(s) of Production: (if different from 1-or 2: Company Name (in full) and Address (Street name and number, City, State (if applicable), Postal Code, Country), Phone Number, Email address, Contact Person.). **Please note:** A. Details of places of productions to be provided 製造場所が 1. 又は 2. と異なる場合、住所、電話番号、E-mail、担当者様を入力下さい。	☐ Existing ISO 9001 certificate
5. For application for Module D or E only (MED and UKCA): Please provide information required in 5A – to 5D for each Place of production: MED 又は UKCA の Module D 又は E の場合、各々入力下さい。 **MED – Module D or E** 5A. Total number employees at the site: 5A1: No of shifts: 5B Total number of employees involved in the MED production (effective staff): 5C: No of Module B's applicable for the company/location 5D: No of MED categories **UKCA – Module D or E** 5AA. Total number employees at the site: 5AA1: No of shifts: 5BB Total number of employees involved in the UKCA production (effective staff): 5CC: No of Module B's applicable for the company/location 5DD: No of UKCA categories **For Man Day calculation (for MED and UKCA) refer to section 11**	
6. Product: 申込み頂く製品の情報を各々入力下さい。 Name (to be provided): Description (to be provided): Item number (for MED certification) - refer to below footnote [2]): MED/	Please note that below documentation is required to be provided by the Manufacturer/Applicant with each application: ☐ General/functional description of the product

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Item number (for UKCA) - refer to below footnote [3]): UK/ Type (to be provided): Application: Marine/Offshore/Industrial (delete as appropriate) Ratings (to be provided): Standards and other normative documents for which certification is sought: Other conditions (to be provided):	☐ 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)[4] 該当する項目にチェックして下さい。(複数選択可) ☐ LR Type Approval ☐ New ☐ Renew ☐ Amend ☐ MED LRMD[6] ☐ New ☐ Renew ☐ Amend ☐Module B ☐Module D ☐Module E ☐Module F ☐Module G ☐US Coast Guard ☐ UKCA LRM Ltd[6] ☒ New ☐ Renew ☐ Amend ☐Module B ☐Module D ☐Module E ☐Module F ☐Module G ☐US Coast Guard[5] ☐ EU Mutual Recognition ☐ New ☐ Renew ☐ Amend ☐ MCA ☐ New ☐ Renew ☐ Amend ☐ Transport Canada ☐ New ☐ Renew ☐ Amend ☐ Draft LR 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 and /or UK Type Examination Certificates ☐ Copies of EC and/or UK Declarations of Conformity ☐ Copies of any other Relevant Existing Certificates
8. For Renewal or Amendments to an existing Certificate please provide current/ previous Certificate Number(s): In addition, if you have a Module D/E Certificate(s) (MED or UKCA) to be amended please list the Certificate number: 更新又は変更の場合、既存証書番号を入力下さい。	
9.Have any changes/amendments been made to the following since previous Certificate(s)[7] was/were issued? 変更又は更新の場合、前回からの変更の有無をチェックして下さい。 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

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10. Do you outsource any processes, production, or activities relating to your MED/UKCA activities? Please note that for Module D/E an audit at suppliers can be necessary and additional audit days required. 外部委託の有無をチェックして下さい。 有の場合には詳細を入力下さい。 ☐ 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: 電気機器の場合、該当する使用環境にチェックして下さい。 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):

LR 利用欄につき入力不要です。

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 provide contact details for personnel at these locations.

初回検査を行う際に必要な情報（認定品を製作している場所、担当者様など）があれば入力下さい。

14. Comments:

その他に何かあれば、又はどこに書いていいか分からない事項があればここに入力下さい。

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15. Declaration: **15.1** I declare that information provided is true and complete and that the same application has not been lodged with any other notified body **15.2** I declare that information provided is true and complete and that the same application has not been lodged with any other UK approved body **15.3** Applicable only to UKCA certification, to be issued based on the valid MED certificates issued by one of the LR entity (LRV Ltd., LRV BV, LRD and LRMD) - delete if not applicable: I am confirming that my company is giving LRM Ltd. permission to obtain technical documentation from one of LR entity (LRV Ltd., LRV BV, LRD and LRMD), which have been submitted during the certification process of my equipment under the Marine Equipment Directive (2014/90/EU)	16. Client 's Name (block capitals please): 代表者様の氏名、署名、日付を入力下さい。 Signature: Date:
17. Application review conducted by (Name, date and signature): (LR use only) LR 利用欄につき入力不要です。	

Footnotes:

[1])The 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.

[2]) Please ensure that the MED item number of the Implementing Regulation of the product is provided. (e.g., MED/3.16 etc.). when applying for MED Certification. If the manufacturer does not know the correct MED item number, the manufacturer must seek advice by LR CFO or a local contact for MED.

[3]) Please ensure that the UKCA item number is provided. (e.g., UK/3.16 etc.). when applying for UKCA Certification .For the correct item number refer to Annex 1 of the up-to-date version of MSN1874 - Marine Equipment - United Kingdom conformity assessment procedures for marine equipment, Other Approval and Standards Merchant shipping notices (MSNs) - GOV.UK (www.gov.uk)

[4]) Please ensure that the New OR Renew OR Renew and Amend OR Amend box is selected, as appropriate when applying for any Certification. Please also ensure that current certificate(s) number is provided in Section 7

[5]) This is approval for the equipment within the scope of the Agreement between the United Kingdom of Great Britain and Northern Ireland and the United States of America on the Mutual Recognition of Certificates of Conformity for Marine Equipment dated 14 February 2019 (UK-USCG MRA)

[6]) For more information about the MED and UKCA refer to the document The Marine Equipment Directive, the EC-US Mutual Recognition Agreement on marine equipment, the UK Conformity Assessment (UK Regulations) and the UK-US Mutual Recognition Agreement on marine equipment - Guidance for manufacturers available from the LR website Marine Equipment Directive from Lloyd's Register (lr.org)

[7]) If you are applying for more than one certificate, to avoid any confusion and delay the process, please provide this information for each certificate separately