ご記入サンプル

Version March 2020

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) MED証明書記載の御住所、お電話番号、email,ご担当者名をお書きください。Request for Marine Services(Form 2502TA)と同じ記載をお願いいたします。	☐ 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) 製造所の場所が設問1と異なる場合、御住所、お電話番号、email,ご担当者名を記入してください。	☐ Existing ISO 9001 certificate
o3. **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 認定代理人の会社名と御住所を記入してください。	☐ Written mandate
4. Place(s) of Production: (if different from 1 or 2: Company Name and Address, Phone Number, Email address, Contact Person.). 製造所の場所が設問1又は２と異なる場合、御住所、お電話番号、email,ご担当者名を記入してください。	☐ Existing ISO 9001 certificate
5. For application for Module D or E only: Please provide for each Place of production: 5A. Total number employees at the site: 5B Total number of employees involved in the MED production: 5C: No of Module B's applicable for the location 5D: No of MED categories MED Module D又はEの申請時のみ記入してください。	
6. Product: Name: 例：Lifejacket and Immersion suit等 Description: Item number (for MED certification): MED/ Type: Application: Marine/Offshore/Industrial (delete as appropriate) Ratings: Standards and/and other normative documents for which certification is sought: Other conditions:	**Documentation to be submitted with and for 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 ☐Module B ☐Module D ☐Module E ☐Module F ☐Module G ☐US Coast Guard ☐ EU Mutual Recognition ☐ MCA ☐ Transport Canada 該当する項目にチェックしてください。 ☐ 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: 更新又は変更がある場合、既存の証明書No.を記載してください。	

該当する項目にチェックしてください。

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9. Have any changes/amendments been made to the following since previous Certificate was issued? **前回の証明書から変更又は改正がある場合、該当する項目にチェックしてください。** 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
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 **外部委託がある場合、詳細を記入してください。**	☐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 **環境試験を行う場合は、該当項目にチェックしてください。**	☐ Proposed Test Programme, Test Report/Drawings ☐ Existing Test Reports
12. **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. **上記の項目以外で何かあれば記載してください。**	**該当する項目にチェックしてください。**
13. Comments: **上記の項目以外で何かあれば記載してください。**	
14. Declaration: I declare that information provided is true and complete and that the same application has not been lodged with any other notified body	15. Client 's Name (block capitals please): **ご署名と日付、ご署名された方のアルファベットを大文字でご記入ください。** Signature: Date:
16. Application review conducted by (Name, date and signature): (LRV use only)	LRV**が記入します。**