

APPLICATION FOR ESCALATOR INSPECTION

To TUV HELLAS A.E. – Notified Body 0654

HEADQUARTERS

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CRETE BRANCH

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1. General Information

Escalator Manufacturer (Company)	Full Name	Tel.:
		Fax:
Escalator Maintenance (Company)	Full Name	Tel.:
		Fax:
Owner/ Building Management	Name / Address	Tel.:
		Fax:
		e-mail:
Invoice address to	Name / Address / Postal Code	
Profession	Regional Tax Authority VAT No	Tel.:
		Fax:

2. Escalator Related info

Installed Escalator Address:	Escalators Quantity:
Height:	Inclination/Speed:
	Installation year:
Building Use: Residential <input type="checkbox"/> Business <input type="checkbox"/> Public Place <input type="checkbox"/>	
Model & Type Examination Certificate:	
Last Inspection Certificate <input type="checkbox"/> (copy must be submitted)	
Building Works License date of issue: (Mandatory when there is none of the above two available)	

3. Requested inspection type : (denote with √)

3.1	Periodical Inspection According to EN 115	
3.2	Inspection after Accident or Modifications	
3.3	Design Review For Special Constructions	
		For TUV HELLAS use only
		REVIEW
		Pre-Assessment
		Availability
		Technical Capability
		Inspection Type
		(Signature)

It is declared that:

- a) I will pay to TUV HELLAS S.A. all costs associated with implementation of this evaluation process, in accordance with the following offer
- b) I pledge to provide any additional information, document or specimen necessary for the conformity assessment, which will be requested by TUV HELLAS S.A.
- c) No application has been applied for the same product to any other notified body.
- d) No rejection has been issued for the applied inspection type by any other notified body.
- e) The courts of Athens are responsible for any dispute.

**Acknowledged by Lift Department of
TUV HELLAS S.A.**

Full Name (Stamped) of Applicant

Signature

date / Signature