

TÜVNORD MATERIAL MANUFACTURER AND TESTING

APPLICATION FORM

1.

Name of body: TÜV NORD Turkey Teknik Kontrol ve Belgelendirme A.Ş.

Address: Şehit Mehmet Fatih Ongül Sokak, No:5 Kat:4 Odak Plaza, Kozyatağı, 34742 İstanbul-TÜRKİYE

Applicant (Başvuran):			
Name : (Name, as it appear on the certificate)			
Adress:			
Production site (Üretim sahası):			
Phone (Telefon):		Fax:	
Contact person (Firma yetkilisi):		Direct call:	
Internet (web adresi varsa) :		Email (e-Posta):	
Do you have a Laboratory(Laboratuvara sahipmisiniz?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have outsources process(Dış kaynaklı prosese sahip misiniz)	
Do you have a ISO 9001 certificate (ISO 9001 e sahip)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Products to be certified (Sertifikalanan ürünler):		Technical Director (Teknik Yönetici):	
Production method (Üretim metodu):	<input type="checkbox"/> Casting <input type="checkbox"/> Welding <input type="checkbox"/> Forming (Cold – Hot) <input type="checkbox"/> Machining <input type="checkbox"/> Heat treatment		

Applied Standard :

<u>Metallic products — Types of inspection documents (Denetim Metodu)</u> <input type="checkbox"/> EN 10204 3.2 Certification (Please indicate standart- Lütfen ilgili standardı belirtiniz.)	<u>Quality Assurance System For Material Manufacturer (Malzeme üreticisi için kalite güvence sistemi)</u> <i>Materials - General principles for materials</i> <input type="checkbox"/> AD 2000 W0 <input type="checkbox"/> 2014/68/EU Annex I Sec. 4.3
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Table 1

Application: first
 repeated, validity expires on:
 due to change of the following conditions:

Have you or had you a certificate according to Table 1. as above from another certification body? (Başka bir sertifikalandırma kurumundan tablo 1 deki sertifikalardan birine sahip misiniz?)

<input type="checkbox"/> Yes (please state certification body and scope)(Varsa belirtiniz):	<input type="checkbox"/> No (Yok)
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Place (Yer) _____

Date (Tarih)Sign(İmza) _____

Manufacturer (Applicant)(Üretici Başvuran) _____

Place (Yer) _____

Date (Tarih)Sign(İmza) _____

Technical Manager of TÜV NORD Turkey
Teknik Kontrol ve Belgelendirme A.Ş.