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| **Please note that in addition to this form, also attach product catalog, Trade Registry Gazette, Chamber Registration Certificate, Tax Board, Trademark registration document if any, to your product technical file. Be responsible for problems caused by incorrect information on forms. Information in the form that belong to the proxy signatures on behalf of the company or the competent authority, the company has adopted filling out the form.** |

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| **Name of the company**  **(According to Trade Registration Gazette)** | **:** |  |
|  |
| **Address of the company**  **(According to Trade Registration Gazette)** | **:** |  |
| **MERSİS number of the company** | **:** |  |
| **Name and address of authorized representative** | **:** |  |
| **Trade Mark, if many** | **:** |  |
| **Please attach a copy of your brand registration certificate** |

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| **Tax Office** | **:** |  |
| **Tax no** | **:** |  |
| **Phone number** | **:** |  |
| **Fax number** | **:** |  |
| **e-mail** | **:** |  |
| **Web Address** | **:** |  |
| **Name and title of the manager** | **:** |  |
| **Mobile phone no. of manager** | **:** |  |
| **Name and address of contact person** | **:** |  |
| **Number of personnel** | **:** |  |

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| **Has the organization have an active ISO 9001 quality management system?** | | | | **:** |  | **Yes** |  | **No** |
| **Name of the Certification Body that audits the system, if any** | | | | **:** |  | | | |
| **REGULATIONS which are applicable for the product** | | | | **:** |  | | | |
| **Applicable national or international product standards** | | | | **:** |  | | | |
| **Conformity Assessment Module referenced?** | | | | **:** | **Module B** | | | |
| **The name of the campony if a Professional consultance has been receieved** | | | | **:** |  | | | |
| **Name of the product** | **:** |  | | | | | | |
| **Does the product designed by your company** | **:** |  | **Yes** | |  | **No** | | |

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| **Technical specifications of the Machinery** | **Name/Type of the machinery** | **:** |  |  |
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| **Technical Specifications** | **:** |  | |
| **Machine Design, Manufacturing, Inspection, Testing and storage facilities** | **:** |  | |

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| **Please define your oursourced processes** | | | | | | |
|  | **No** |  | **Yes** | **Explanation** | **:** |  |

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| **Is the company certified by an another Notifed Body for the products in the application?** | | | | | | |
|  | **No** |  | **Yes** | **Notified body name / number** | **:** |  |
| **Valid Date of the Existing Certificate** | **:** |  |

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| **DECLARATION**   1. **I read (FRM.04-1) CAC Application Requirements Information Form and I declare to commit these requirements. I also declare that the information above are valid and correct, I admit to undertake the responsibility of the negative situations occur because of misinformation.** 2. **Hereby I declare that with the date of the completion of this form, I do not have an application to a NOTIFIED BODY or CONFORMITY ASSESSMENT BODY for the product(s) stated in this application form.** 3. **I commit that I’ll perform and maintain completely and efficiently the requirements of Notified Quality System of the products that I undertake their production.** 4. **I commit to supply and share the results of previous audits, information about surveillance audits, certification date, NB that I received the certificate if I have a certificate from another Notified Body for the products covered by this application.** |

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| **The company official who filled out the form** | | |
| **Name and surname** | **:** |  |
| **Date** | **:** |  |
| **Stamp and signature** | **:** |  |

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| **Note: For more than one product , please write Product names, inteded use and Location, Product Related Technical Information on your company’s letterhead and attach to this form type.** |