**Appendix to Application for Conformity Assessment**

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| Pursuant to Government Regulation **118/2016 Coll.**\*) (hereinafter referred to as GR) (Directive **2014/35/EU**\*)) |
| **ELECTRICAL EQUIPMENT DESIGNED FOR USE WITHIN CERTAIN VOLTAGE LIMITS** |

*Please submit with your Application the following:*

*Technical documentation required for conformity assessment pursuant to Annex 3 (2) to GR 118/2016 Coll.*

*(Please mark with a cross the activities you wish to order)*

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| **The Customer hereby orders from the Engineering Test Institute, Public Enterprise, the following activities:** | | | | | | | | | | | | |
|  | **1** | | **Assessment of conformity of electrical equipment** to essential requirements of principal elements of the safety objectives set out in Annex 1, incl. assessment of technical documentation specified in Annex 3 to GR 118/2016 Coll., with subsequent issuance of a **Certificate** attesting the conformity of the electrical equipment to the essential requirements | | | | | | | | | |
|  | **2** | | **Assessment of conformity of electrical equipment** to essential requirements of principal elements of the safety objectives set out in Annex 1, incl. assessment of technical documentation specified in Annex 3 to GR 118/2016 Coll., concluded with issuance of a **Final report** | | | | | | | | | |
|  | **3** | | **Assessment of a set of technical documentation** | | | | | | | | | |
|  | **4** | | **Assessment of conformity of electrical equipment** to essential technical requirements of GR 117/2016 Coll. (2014/30/EU) | | | | | | | | | |
|  | **5** | | Verification of the electrical equipment conformity with requirements of the standard **(standards)** | | | | | | | | | |
|  | **6** | **Issuance of:** | |  | Certificate/s | | | | | | | |
|  |  | Language: | |  | Czech | |  | English |  | German |  | Other |
|  | **7** | **Issuance of:** | |  | Final (summary) report | | | | | | | |
|  |  | Language: | |  | Czech | |  | English |  | German |  | Other |
|  | **8** | **Other** *(specify):* | | | |  | | | | | | |
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| Appendix completed by: | | | | | | |
|  |  |  |  |  |  |  |
|  | *Name and position of responsible person* |  | *Date* |  | *Signature, stamp* |  |

Should you need any help with completion of this form, please contact:

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