ご記入サンプル

Application Checklist – Appendix to Form 2502TA/2502TA MR

Details:	Document checklist:
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証明書に記載の御社住所、お電話番号、email,ご担当者名をお書きください。 Request for Marine Services (Form2502TA)と同じ記載をお願いします。	☐ Existing ISO 9001 certificate
2. **Manufacturer:** (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と違う場合は,ご住所、お電話番号、email ,ご担当者名を記入してください。	☐ Existing ISO 9001 certificate
3. **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) 認定代理人の会社名とご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.) 製造場所が設問1又は2と違う場合は、ご住所、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. **Product:** Description: 例：Lifejacket and Immersion Suit Type: Application: Marine/Offshore/Industrial (delete as appropriate) Ratings: Standards and/and other normative documents for which certification is sought: Other conditions:	☐ General/functional description of the product ☐ Product Specification/Literature/ data sheets ☐ Design Drawings, sufficient to fully define the product ☐ Software Quality Plan
6. **Type Approval Certificate**: (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
7. **For Renewal or Amendments to an existing Certificate please state previous Certificate Number(s).** 更新又は変更がある場合は、該当する項目にチェックしてください Have any changes been made to the following since previous Certificate was issued? Product ☐Yes ☐No Documentation ☐Yes ☐No Technical files previously submitted to LR ☐Yes ☐No	☐ If yes, to any changes please attach relevant documentation to this Application. Please also submit documentation describing any changes made. 該当する項目にチェックしてください

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In addition, if you have a Module D to be amended please list the Certificate number: Module Dの修正がある場合は、証明書 No.を記載して下さい。	
8. Do you outsource any processes, production, or activities relating to your MED ENQUIRY? ☐Yes ☐No 外部委託がある場合は詳細を記載して下さい。	☐ 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.
9. 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下さい	☐ Proposed Test Programme, Test Report/Drawings ☐ Existing Test Reports
10. 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下さい。	該当する項目にチェックしてください
11. Comments: 上記の項目以外で何かあれば記載して下さい。	
12. Declaration: I declare that information provided is true and complete and that the same application has not been lodged with any other notified body	**13. Client 's Name (block capitals please), Signature and Date:** ご署名と日付、 ご署名された方のお名前をアルファベット大文字でご記入下さい。
14. Application review conducted by (Name, date and signature): (LRV use only)	LRが記入します。