

**Application Form**  
EC conformity assessment acc. to the  
Marine Equipment Directive 2014/90/EU  
(as amended)  
of the DMT-Certification Body



DMT GmbH & Co. KG, Am TÜV 1, 45307 Essen

---

**Please complete and return to:**

DMT GmbH & Co. KG  
DMT-Certification Body  
Attn. Mr. Fabian Hauschild  
Tremoniastraße 13  
D-44137 DORTMUND, GERMANY

Fax: +49(0) 231 5333 - 299  
Mailto: [fabian.hauschild@dm-tgroup.com](mailto:fabian.hauschild@dm-tgroup.com)

We hereby apply for an EC conformity assessment according to the Marine Equipment Directive 2014/90/EU as follows:

**1 General information of the manufacturer**

*The manufacturer is the owner of the certificate and will be named there as manufacturer*

Company:  
with corporate form \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code, \_\_\_\_\_ Country: \_\_\_\_\_  
City: \_\_\_\_\_

Contact person: Mrs./Mr. (Name, Surname) \_\_\_\_\_

Function: \_\_\_\_\_

Telephone: \_\_\_\_\_ Internet address: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Company sector: \_\_\_\_\_

Number of sites to be considered for production: \_\_\_\_\_  
(only for modules D, E, F or G: For each location, please fill in the last page)

**2 Information of the authorized representative**

*Only relevant if:*

- Applicant (is signing this application) is different to the manufacturer **or**
- An authorized representative in accordance with 2014/90/EU (e.g. Manufacturer is located outside of EU) is required

Company:  
with corporate form \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code, City: \_\_\_\_\_ Country: \_\_\_\_\_

Contact person: Mrs./Mr. (Name, Surname) \_\_\_\_\_

Function: \_\_\_\_\_

**Application Form**  
**EC conformity assessment acc. to the**  
**Marine Equipment Directive 2014/90/EU**  
**(as amended)**  
**of the DMT-Certification Body**



DMT GmbH & Co. KG, Am TÜV 1, 45307 Essen

---

Telephone: \_\_\_\_\_ Internet address: \_\_\_\_\_  
fax: \_\_\_\_\_ e-Mail: \_\_\_\_\_  
Company sector: \_\_\_\_\_

**3 Which EC conformity assessment do you apply for?**

Marine Equipment Directive 2014/90/EU:

- Module B (EC type-examination)
- Module D (quality assurance of the production process)
- Module E (product quality assurance)
- Module F (product verification)
- Module G (unit verification)

Type/ reason of the application:

- Initial certification
- Change of Notified Body, the certificate applied for already existed from another body
- Renewal (re-certification)
- Extension, reduction etc. (e.g. scope of application, locations, marine equipment), as appropriated

Application for US Coast Guard approval (USCG), (only for module D, E or F)

- Yes                       No

Item Number acc. to valid Implementing Regulation:

Item Designation acc. to valid Implementing Regulation:

Trade name of the marine equipment (will be written like this in the certificate):

**Application Form**  
EC conformity assessment acc. to the  
Marine Equipment Directive 2014/90/EU  
(as amended)  
of the DMT-Certification Body



DMT GmbH & Co. KG, Am TÜV 1, 45307 Essen

---

Second trade name of the marine equipment (will be written like this in the certificate):

--

**4 Is your QM system already certified?** (Existing certifications, only for modules D/E)

Certificate no.	Standard/ regulations	Certification company	Date	Date of expiry

**5 Your product(s):**

**5.1 Is your product already tested** (Test results are available, only for module B)

Test report no.	Standard/ regulations	Test laboratory	Date

**5.2 Is your product already certified?** (Existing certification)

Certificate no.	Standard/ regulations	Certification company	Date of expiry

**5.3 Modification of the product** (in case of existing certificates or tests)

Was your product modified (construction or other product-properties) compared to existing certificates or tests?

- No, the product is in construction another properties still identical with existing certificates or tests.  
 Yes, following modification where performed (short description)

--

**6 Are there restrictions, requirements or possible non-conformities to the product or QM system?**

Restrictions, requirements, non-conformities	Corrective actions

**Application Form**  
**EC conformity assessment acc. to the**  
**Marine Equipment Directive 2014/90/EU**  
**(as amended)**  
**of the DMT-Certification Body**



DMT GmbH & Co. KG, Am TÜV 1, 45307 Essen

---

**7 Applied languages**

(Other languages on request)

Documentation of the Marine Equipment is available in:

- German                       English

The EC-type examination certificate or certificate of conformity is to be issued in:

- English                       in addition in German (chargeable)

**8 Further remarks/ comments**

We agree that our information will be stored as part of the bidding process and transaction/order processing.

We hereby confirm that this application has not been submitted to any other Notified Body.

---

Place/Date	Name	Signature
------------	------	-----------

**Further applicable documents:**

- General terms and conditions of TÜV NORD GROUP ([www.tuev-nord.de](http://www.tuev-nord.de))
- Testing and Certification Regulations of the DMT-Certification Body of DMT GmbH & Co. KG
- Contractor documentation

**Documents to be submitted with this application form:**

- Authorization of the authorized representative, in case it is filled out above

**Minimum documentation to be submitted after offer and order:**

- Certificates and documentation as named above
- Documents regarding the QS-System (required for module D and E)
- Technical documents regarding the marine equipment (required for module B, D, E, F and G)
- Copy of the EC-type examination certificate (required for module D, E and F)

**Application Form**  
EC conformity assessment acc. to the  
Marine Equipment Directive 2014/90/EU  
(as amended)  
of the DMT-Certification Body



DMT GmbH & Co. KG, Am TÜV 1, 45307 Essen

---

**Locations of production (only for modules D, E, F or G)**

*(please copy this page accordingly to all locations to be considered)*

**Location/ designation:** \_\_\_\_\_

**1 General information to this location**

Company:  
with corporate form \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code, City: \_\_\_\_\_ Country: \_\_\_\_\_

Contact person: Mrs./Mr. (Name, Surname) \_\_\_\_\_

Function: \_\_\_\_\_

Telephone: \_\_\_\_\_ Internet address: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**2 Number of employees employed at this location**

Total number of employees \_\_\_\_\_ Converted to full-time employees \_\_\_\_\_  
(Full-time / part-time): \_\_\_\_\_

With regard to the quality assurance system of the production process (module D) or of the product  
(module E) of the requested marine equipment:  
(Including all areas such as administration, purchasing, warehousing, production ...)

Total number of employees \_\_\_\_\_ Converted to full-time employees \_\_\_\_\_  
(Full-time / part-time): \_\_\_\_\_

Number of employees in shifts: \_\_\_\_\_ Number of shifts: \_\_\_\_\_

**3 Factors that may have influence to the audit effort (only modules D/ E)**

Processes that have been outsourced \_\_\_\_\_

Number of production lines \_\_\_\_\_

Have you been supported by a consultant?  No  Yes \_\_\_\_\_

When do you plan the auditing/certification? \_\_\_\_\_ Month/ Year \_\_\_\_\_

**4 Applied Languages (other languages on request)**

Documentation of the Marine Equipment is available in: \_\_\_\_\_ Communication with contact person and audit language: \_\_\_\_\_

German  English  German  English

Documentation of the QM-System is available in (only modules D/E): \_\_\_\_\_ Communication with employees during the audit: \_\_\_\_\_

German  English  German  English