**Appendix to Application for Conformity Assessment**

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| Pursuant to Government Regulation119/2016 Coll.\*) (Directive 2014/29/EU\*)) |
| **SIMPLE PRESSURE VESSELS** |

*Please submit with your Application the following:*

*Technical documentation required for conformity assessment pursuant to Annex 2 to Government Regulation 119/2016 Coll. (hereinafter referred to as GR) concerning particular conformity assessment procedures.*

*(Please mark with a cross the selected activities you wish to order acc. to specific pressure equipment category – Annex 2 to GR 119/2016 Coll.)*

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| **1. The Customer (the manufacturer or an authorized representative only) hereby orders from the Notified Body the following activities:** | | | | | | | | | | | | |
|  | | **1.1** | **EU-type examination** **(Module B)** concluded with issuance of an evaluation report and EU-type examination certificate pursuant to GR, Annex II, Point 1. | | | | | | | | | |
|  | | **1.2** | **Conformity to type based on internal production control plus supervised vessel testing (Module C1)** concluded with issuance of inspection report and certificate of conformity pursuant to GR, Annex II, Point 2. | | | | | | | | | |
|  | | **1.3** | **Conformity to type based on internal production control plus supervised vessel checks at random intervals (Module C2)** concluded with issuance of inspection report pursuant to GR, Annex II, Point 3. | | | | | | | | | |
|  | | **1.4** | **Conformity to type based on internal production control (Module C)** concluded with issuance of certificate of conformity of the documentation with the EU-type examination certificate pursuant to GR, Annex 2, Point 4. | | | | | | | | | |
|  | **1.5** | | **Issuance of:** |  | Certificate/s | | | | | | | |
|  |  | | Language: |  | Czech | |  | English |  | German |  | Other |
|  | **1.6** | | **Issuance of:** |  | Final (summary) report | | | | | | | |
|  |  | | Language: |  | Czech | |  | English |  | German |  | Other |
|  | **1.7** | | **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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