Request for a conformity type certificate

① DESCRIPTION OF THE APPLICATION FOR A Peak CONFORMITY TYPE CERTIFICATE

APPLICANT

Name..... First Name .....
Company .....
Address .....
.....
.....
.....
Phone ..... Fax .....
E-mail .....

PURPOSE OF REQUEST FOR A CONFORMITY TYPE CERTIFICATE: (Check the appropriate box)

❑ INITIAL APPLICATION
❑ AMEMDMENT OF A TYPE ALREADY APPROVED BY CEMAFROID
❑ RECOGNITION OF A CONFORMITY CERTIFICATE ISSUED BY ANOTHER AGENCY

MANUFACTURER INFORMATIONS (If different from applicant)

Name ..... First Name .....
Company .....
Address .....
.....
.....
.....
Phone ..... Fax .....
E-mail .....

TYPE OF THE VEHICLE OR THE PRODUCT TO CERTIFY

Full machine: ❑ Van ❑ Truck ❑ Tractor-trailer ❑ Pallet truck

Component: ❑ Hatch ❑ Door ❑ Refrigeration Unit ❑ Other:

Type designation:
Reference type:
Brand:

Specify brief description of the vehicle or component. You can add an additional document attached (plan retail, trade documentation)
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.....

INFORMATION ON THE MANUFACTURING SITE

Company .....
Address .....
.....
.....
.....
Phone ..... Fax .....
E-mail .....

CHANGES IN THE DESIGN AF THE TYPE ALREADY CERTIFIED

In the case of a modification of a type that already has a conformity certificate type, please describe the nature of the changes made. Attach a copy of the initial conformity certificate type.
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RECOGNITION OF A PeaK ISSUED BY ANOTHER AGENCY

Please provide a copy of the certificate and the associated test report. When the certificate is written in a language other than French or English, transmit a translation of these documents.

❑ INFORMATION ON THE COMPANY WHICH HAS ESTABLISHED THE CONFORMITY TYPE CERTIFICATE

Ref of the certificate: ..... Date: .....

Company .....
Address .....
.....
.....
.....

Phone ..... *Fax* .....

Possible contact: E-mail .....
Name ..... *First Name* .....

② Type Tests

❑ REQUEST FOR ACHIEVEMENT TEST BY CEMAFROID
❑ REQUEST FOR RECOGNITION OF TEST REPORT ISSUED BY ANOTHER AUTHORIZED LABORATORY

AVAILABILITY OF MATERIALS (in case of realization of the tests by Cemafroid)

Date of Availability in CEMAFROID:
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APPLICATION FOR RECOGNITION OF TEST REPORT

Attach a copy of the test report and any translation in French or in English.

❑ INFORMATION ON THE LABORATORY WHICH HAS ESTABLISHED THE TEST REPORT

Ref of the certificate: ..... Date: .....

Company .....
Address .....
.....
.....
Phone ..... Fax .....

Possible contact:
E-mail.....
Name.....First name.....

③ Deadlines for replies related to draft documents

❑I make a commitment to give my agreement regarding the data represented in the test report and the temporary CCT under one deadline of 15 days.

④ License agreement and use of the mark PeaK

❑ In the case where Cemafroid establish a declaration of conformity for the presented product (type meeting the applicable requirements), I ask for a contract of license and use for the Peak mark to be able to affix the Peak marks on manufactured products according to the type certified. (Provide a Company Registration Detail – (K-Bis))

❑ I already have a contract for a license with Cemafroid and agree to respect the requirements of this contract for the declaration of conformity that I will establish based on the certified type described in this application.

⑤ Agreement commitment of the applicant

I certify that the information contained in this application is correct and agree to pay the fees that will be charged based on the estimate prepared by CEMAFROID.

I acknowledge being able to provide freely available and sufficient samples, prototypes or equipment required for type testing to CEMAFROID, if they are required.

I understand that changes made to my equipment to correct a non-compliance with applicable requirements of the standard that could see CEMAFROID will be implemented under the conditions set by CEMAFROID. These changes should be documented and should be added in a complement application or test.

I acknowledge that in the case where the processing of the request would update the non-compliance involving significant changes on the product presented and / or on the related documentation, requiring, at the initial point, a recovery of compliance examination or tests, CEMAFROID will bill his works on the effective time spent and will establish the complement of the corresponding estimate.

I acknowledge that the service will be charged with the time spent on work already done in the event of abandonment, at my request, of the certification process in progress.
I understand that the issuance by Cemafroid of a Peak conformity certificate does not give itself the right to use the trademark PeaK and I am therefore committed to not referring to the mark or affix it on products made without a valid license agreement signed by me and Cemafroid.

Name ..... First Name .....

Responsibility in the company.....

Date ..... Signature