



1- APPLICATION

APPLICATION NUMBER: _____

DATE: _____

Section to be completed by the customer.

Dear Customer,
in order to correctly process your request, please complete all the fields present in the document in detail **and send it to the following e-mail address: valeria.vergalli@ac-e.com** .

GENERAL INFORMATION	Manufacturer ⁽¹⁾	Authorised representative ⁽²⁾ (only if different from the manufacturer)
Company name		
Group branch (where present)		
Address of headquarters		
Addresses of secondary branch or branches (where present)(3)		
Town		
County		
Postcode		
Country		
Telephone		
E-mail		
Contact person		
Contact person details		
INVOICING DATA		
Invoice issued in the name of:		
Invoicing address:		
Telephone		
E-mail		
VAT number		



Intra-community operator number (EU) (attach copy):	
TAX Register number (other countries) (attach copy):	

⁽¹⁾ **Manufacturer:** any natural or legal person who manufactures a product or has a product designed or manufactured, and markets that product under his name or trade mark or uses it for his own purposes.

⁽²⁾ **Authorised representative:** any natural or legal person established within the Union who has received a written mandate from a manufacturer to act on his behalf in relation to specified tasks.

⁽³⁾ If the product to which the application refers is manufactured in more than one site, also provide information on the other sites (address, city, province, postcode, country).

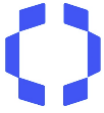
2- SERVICE REQUESTED

Indicate the service options for which you intend to request the service:

Service	<input checked="" type="checkbox"/>
Security Development Lifecycle Assurance (SDLA) Certification (mandatory)	<input checked="" type="checkbox"/>
Product	<input type="checkbox"/>
Component Security Assurance (CSA) Certification	<input type="checkbox"/>
IIoT Component Security Assurance (ICSA)	<input type="checkbox"/>
other	<input type="checkbox"/>

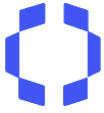
Specify the following information:

Does the production site have an ISO 9001 certificate?	<input type="checkbox"/> Yes	Certificate number Click or tap here to enter text.
	<input type="checkbox"/> No	
Are some parts of the process or quality system outsourced?	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
Does the manufacturer acts as a sales agent for another manufacturer?	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	



3- PRODUCT INFORMATION

Product description	
Product type: <input type="checkbox"/> Component <input type="checkbox"/> Assembly *(see also list of materials)	Serial number:
Product description:	
<input type="checkbox"/> New product <input type="checkbox"/> Product already certified certificate number _____	
Note	



4- REQUIRED DOCUMENTS

The documents below must be provided:

1. Technical drawing and product/assembly datasheet
2. Use and installation manual
3. List of materials and associated certificates (complete in the case of assemblies)

In submitting the request for services, the manufacturer declares that:

1. the same application has not been submitted to any other CB
2. where involved, the authorised representative has the authority to represent the manufacturer in all ways in the Conformity Assessment procedure
- 3.

Name Surname	Signature	Date