DGUV Test
Prüf- und Zertifizierungssystem der
Deutschen Gesetzlichen Unfallversicherung

**Testing and Certification Body**
**Expert Committee for the**
**Construction Industry**
European notified Body
NB 0515

## Application for measurement of noise or vibration

Your application will be reviewed upon receipt at our certification office. If the application is accepted, an offer for testing/certification will be made and sent to you with the contract documents. You will be informed if the application cannot be accepted. Please send the completed application to **pzbau@bgbau.de.**

### 1 Applicant

| | |
|---|---|
| 1.1 company<br>(acc. to commercial register) | |
| 1.2 group affiliation<br>(if applicable) | |
| 1.3 address<br>(street, post code, place) | |
| 1.4 legal form | |
| 1.5 contact person | |
| 1.6 phone | |
| 1.7 E-Mail | |
| 1.8 invoice address<br>(if applicable, E-Mail differing from 1.7) | |
| 1.9 VAT ID No<br>(for invoicing) | |

### 2 Product information

| | |
|---|---|
| 2.1 product designation(s)<br>/ description(s) | |
| 2.2 type(s)<br>(for certification) | |
| 2.3 certificate number<br>(if applicable) | |
| 2.4 number of measurements | |

## 3 Information on the manufacturer

☐ like applicant ☐ differing from the applicant

3.1 name of manufacturer: _____

3.2 address of manufacturer: _____

## 4 Scope of testing / certification

Please select the desired service for the product(s) mentioned under point 2.

☐ We apply for a **determination of the sound power level**

☐ We apply for a **measurement of noise**

☐ We apply for a **measurement of vibration**

## 5 Test location

☐ like applicant ☐ like manufacturer

other test location: _____

## 6 Informtion on production/manufacturing sites

☐ like applicant ☐ like manufacturer

☐ other production/manufactoring sites:
Please indicate all manufacturing sites where the product is produced (as an attachment, if applicable).

| No. | production/manufacturing sites (address details) | corporate division (e.g.: design, development, manufacturing) |
|---|---|---|
| 1 | | |
| 2 | | |

## 7 Information on production

☐ serial production ☐ individual production

Planned units per year: _____

## 8 Signature of applicant

We declare that the same application has not been submitted to any other designated body.

_____ _____

date applicants signature / company stamp