

Application for safety components or machines based on Annex IV of the EC-Machine Directive 2006/42/EC and/or Annex I of the EU Regulation 2023/1230

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

2 Product information

2.1 product designation(s) / description(s)	
2.2 type(s) (for certification)	
2.3 carrier machine/ structure on	
2.4 weight [kg] (carrier machine)	

We test for your safety.

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

4.1 Safety component/ machine according to **Directive 2006/42/EC**, annex IV

ROPS

FOPS / Top Guard

Front Guard

machine for lifting persons

Application for:

EC type examination test based on annex IV (article 12, point 3b or 4a))

a full quality assurance procedure based on annex X (article 12, point 3c or 4b)

Evaluation of a ROPS/FOPS test facility
(EN ISO 3471:2008 / 5 und EN ISO 3449:2008 / 5)

4.1.1 Safety component/ machine according to **EU Regulation 2023/1230**, annex I

ROPS

FOPS / Top Guard

Front Guard

machine for lifting persons

Application for:

EU type examination based on annex VII (article. 25, point 3b)

a full quality assurance procedure based on annex IX (article. 25, point 3c)

4.2 Safety component according to **Directive 2006/42/EC**, annex V

TOPS /type examination

4.2.1 Safety component according to **EU Regulation 2023/1230**, annex II

TOPS /type examination

4.3 Extension of certification

We apply for the extension of the certification: _____
previous certificate number

5 Test location

like applicant

like manufacturer

other test location: _____

6 Information on production/manufacturing sites

like applicant

like manufacturer

other production/manufacturing sites

Please indicate all manufacturing sites where the product is produced (as an attachment, if applicable).

No	production/manufacturer sites (address details)	corporate division (e.g. design, development, manufacturing)	number of employees
1			
2			

7 Information on production

serial production

individual production

Planned units per year: _____

8 Information on changes (only relevant for certificate renewal)

Please inform us of any changes made to the product. You can enclose these in a separate attachment.

no changes

changes according to attachment

9 Signature of applicant

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

date

applicants signature / company stamp