

# Instructions for completing the application form for performing voluntary conformity assessment of a product (in order to obtain a certificate of compliance recognized by the United Arab Emirates)

Below we present a few principles to be followed when submitting the application for performing voluntary conformity assessment of construction product (certification recognized by United Arab Emirates). Compliance with these rules will help you avoid the need to correct the application, which will directly translate into the speed of registration and the possibility of analyzing your application. It should be noted that CNBOP-PIB Certification Department may initiate the process for performing voluntary conformity assessment of construction product only on the basis of a correctly submitted and completed application.

1. Before completing and submitting the application, please make sure that your application form is up-to-date (the current form is available at <https://www.cnbop.pl/en/services/certification-and-admittance/zea-civil-defence/cooperation>). The form number along with the issue date is at the bottom left corner of the application form. The form must be valid as of the date of its completion and signing by the person authorized by the Applicant.
2. The application should be completed in accordance with the instructions given in this document.
3. The completed application together with complete documentation should be submitted to the CNBOP-PIB in paper version. Scans, faxes, copies / xero of applications and applications presented in other forms, as well as incomplete applications are not registered and cannot be the basis for conducting the certification process.
4. The application should be signed by an authorized person in the place indicated in the application (President / Director) and it should contain the date of signature.
5. The application should be supplemented with applicable attachments. The list of documents to be submitted to the application can be found on page 2 of the form. Documentation may be submitted in an electronic version, as specified above the list of attachments.
6. It should be ensured that the documentation attached to the application is complete, legible, segregated, consistent and enables unambiguous identification of the product together with the components (if applicable).
7. When attaching the results of tests to the application (attachment No. I11 to the application), additional documentation should be attached, i.e. attachments No. I12 and I13.

Using the indicated fields, select the type of process for which you are applying

The listed points must be completed for a given process

Below we present tips on completing selected points of the application form for performing voluntary conformity assessment of a product (in order to obtain a certificate of compliance recognized by the United Arab Emirates).

<b>Wnioskuje o / I apply for:</b> <input type="checkbox"/> przeprowadzenie dobrowolnej oceny zgodności <b>wyrobu budowlanego</b> <i>performing voluntary conformity assessment of construction product</i> <input type="checkbox"/> przeprowadzenie dobrowolnej oceny zgodności wyrobu ( <b>nie będącego wyrobem budowlanym</b> ) <i>performing voluntary conformity assessment of product (not being a construction product)</i>		<b>Prosimy o udostępnienie następujących informacji:</b> <i>Please provide the following:</i> A, B, C, D1, E, F, G, H, I1, I2, I3, I4, I6, I7, I8, I9 Opcjonalnie / O	
<b>A Zakres procesu:</b> <i>Scope of the process:</i> <input type="checkbox"/> <b>WYDANIE CERTYFIKATU / ISSUING A CERTIFICATE</b> <input type="checkbox"/> <b>ZMIANA ZAKRESU WYDANEGO DOKUMENTU</b> <b>CHANGE OF THE SCOPE OF ISSUED DOCUMENT</b>		Nr / No: <input type="text"/>	
<b>B Nazwa i typ wyrobu:</b> <i>Name and type of the product:</i>		Provide the name and type of the product	
<b>C Numer certyfikatu CNBOP-PIB (CPR) / świadectwa dopuszczenia:</b> <i>No. of CNBOP-PIB certificate (CPR) / admittance</i>		1438 - <input type="text"/> - <input type="text"/> <input type="text"/> / <input type="text"/>	<b>Nr wydania:</b> <i>Issue No.:</i> ( <i>Certyfikaty CPR / CPR certificates</i> )
<b>D Techniczny dokument odniesienia:</b> <i>Technical reference document:</i>		D1 <input type="checkbox"/> <input type="text"/> D2 <input type="checkbox"/> EN 60598-2-22 Oprawy oświetleniowe – Część 2-22: Wymagania szczegółowe – Oprawy oświetleniowe do oświetlenia awaryjnego / <i>Luminaires. Particular requirements. Luminaires for emergency lighting</i>	
<b>E Producent wyrobu:</b> <i>Product manufacturer:</i>		Nazwa / Name: <input type="text"/> Adres / Address: <input type="text"/> Kraj / Country: <input type="text"/> NIP / National tax identification No.: <input type="text"/>	
<b>F Wnioskodawca / Applicant:</b>		Using the indicated fields, select who is applying for the process	
<input type="checkbox"/> <b>Producent / Manufacturer:</b>		Nazwa i adres jak wyżej / Name and address as above	
<input type="checkbox"/> <b>Upoważniony przedstawiciel producenta</b> <i>Manufacturer's authorised representative:</i> (Patrz załącznik nr H8 / See attachment No. H8)		Nazwa / Name: <input type="text"/> Adres / Address: <input type="text"/> Kraj / Country: <input type="text"/> NIP / National tax identification No.: <input type="text"/>	

Using the indicated fields, select the purpose of the application (issuing the certificate or changing the certificate)

Provide the number of the already issued document in case of a change

Provide CPR / certificate of admittance number on the basis of which the UAE certificate will be issued

Select a technical reference document

Provide full information identifying product Manufacturer

Using the indicated fields, select who is applying for the process

At this point indicate data identifying the manufacturing site with full data. If there is more than one manufacturing site, then all manufacturing plants should be indicated

G	<b>Zakład produkcyjny / Manufacturing site: **</b> (* <u> miejsce /-a, gdzie prowadzony jest montaż końcowy lub co najmniej końcowe badania przedmiotowego wyrobu / location /-s where final assembly or at least final testing of the relevant product is performed</u> )	<b>Nazwa / Name:</b> <input type="text"/>	Provide the data identifying the manufacturing plant along with its full data. If there is more than one manufacturing site then all plants shall be indicated
	<b>Zakład (2) / Site (2):</b> (wypełnić, gdy więcej niż jeden zakład) (fill in if there is more than one site)	<b>Adres / Address:</b> <input type="text"/>	
	<b>Zakład (3) / Site (3):</b> (wypełnić, gdy więcej niż dwa zakłady) (fill in if there is more than two sites)	<b>Kraj / Country:</b> <input type="text"/>	
H	<b>Osoba upoważniona do kontaktów z Jednostką Certyfikującą CNBOP-PIB:</b> Person authorized to contact CNBOP-PIB Certification Department: (Patrz załącznik nr H10 / See attachment No. H10)	<b>Nazwa / Name:</b> <input type="text"/>	At this point, provide the name and surname of the person authorized to contact the Certification Department along with all contact details
		<b>Adres / Address:</b> <input type="text"/>	
		<b>Kraj / Country:</b> <input type="text"/>	
		<b>Imię i nazwisko / Name and surname:</b> <input type="text"/>	
		<b>Telefon / Phone:</b> <input type="text"/> <b>e-mail:</b> <input type="text"/>	
	<b>Dane podmiotu (gdy inne niż Wnioskodawca) / Data of entity (when different from the Applicant):</b>		
	<b>Nazwa / Name:</b> <input type="text"/>		
	<b>Adres / Address:</b> <input type="text"/>		
	<b>Kraj / Country:</b> <input type="text"/>		

WYPEŁNIA CNBOP-PIB / TO BE FILLED IN BY CNBOP-PIB			
<b>Data złożenia / Submission date</b>	<b>Data rejestracji / Registration date</b>	<b>Numer wniosku / Application number</b>	
<b>Data oceny warunków produkcji</b> Date of assessment of production conditions	<b>Raport z dnia / Report of</b>	<b>Numer umowy / Agreement number</b>	<b>Numer wydanego dokumentu</b> Number of issued document

These fields should be left blank – the Certification Department completes them

Provide the date of signing the application

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Data / Date

Place a legible signature containing the first and last name, personal seal and initials

Prezes/Dyrektor  
President/Director

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Czytelnie imię i nazwisko, podpis  
Legibly name and surname, signature

**PONIŻSZE ZAPISY UZUPEŁNIA CNBOP-PIB / THE SECTION BELOW TO BE FILLED IN BY CNBOP-PIB**

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Potwierdzam poprawność złożonego wniosku.

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Data i podpis osoby prowadzącej wniosek w DC  
Date and signature of Certification Department specialist

**CNBOP-PIB**

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Imię, nazwisko oraz podpis osoby upoważnionej  
Name and signature of authorised representative

.....  
Data / Date

These fields should be left blank – the Certification Department completes them