APPLICATION FORM TO
CERTIFIED ORGANIZATION OR APPLICANT
FOR PRODUCT CERTIFICATION:

[ ]  ***Execution of steel structures and aluminium structures following the regulation (EU) No 305/2011 and the harmonised standard EN 1090-1:2009 + A1:2011 according to system 2+***

[ ]  ***Quality requirements for fusion welding of metallic materials following the standards ISO 3834:2021***

[ ]  ***Welding of railway vehicles and components following the standard EN 15085-2:2020***

 *The details flagged by a \* are mandatory for the emission of a certification quote.*

General information

|  |  |
| --- | --- |
| Company name\*: |  |
| Legal status\*: |       |
| Group affiliation: | [ ]  No [ ]  Yes, Group:       |
| Headquarters address\* *(including the Country)*: |                      |
| Business registration: |       |
| N° VAT intracommunity\*:  | *(mandatory if headquarters based in European Union)* |
| Phone: *Country code + Number* |             |
|  |  |
| [ ]  First assessment\* | [ ]  Renewal of certification\*[ ]  Without modification of the scope ef the existing certification\* *In this case, there is no need to complete the rest of the form* [ ]  With modification of the scope ef the existing certification\* *In this case, please complete the rest of the form* |
| [ ]  Significant modification\* *(see Annex B.4 of EN 1090-1)*[ ]  Extension\* |  |
| In the case of a request for a major extension or modification, description of the new elements\*      |
|  |  |
| Legal Representative: |       |
| Job / Position: |       |
|  |  |
| Contact for IS Certification\* :*(if different than the legal representative mentioned above)* |       |
| Job / Position\*: |       |
| Contact information\* *Phone:* |       |
|  *E-mail:* |       |

## Headcount

|  |  |
| --- | --- |
| Overall headcount**GROUP** | **WORKSHOPS or SITES CONCERNED BY CERTIFICATION** |
| Overall headcount \* | Welding coordinators \* | Welders \* *(if applicable)* |
|       |       |       |       |

## Invoicing

*The prior establishment of a* ***purchase order is required*** *before any job intervention.*

*The information indicated by \*\* is mandatory* ***with the transmission*** *of the purchase order.*

|  |  |
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| Invoicing address*\*\**:*(if other than headquarters)* |                 |
| Person to whom the invoice must be sent*\*\**: |       | Position*\*\**:      |
| Contact information   *Phone\*\*:* |       |
|  *Fax:* |       |
|  *E-mail\*\*:* |       |

## Application to overlap with an existing certification*\**: [ ]  Yes [ ]  No

*Overlap give rise to specific study by IS Certification. See conditions in the Regulation of certification.*

|  |  |  |  |
| --- | --- | --- | --- |
| Applicable standards: | [ ]  EN 1090-1  | [ ]  EN 15085-2 | [ ]  ISO 3834 |
| Associated level | [ ] EN 1090-2 -EXC   | [ ] EN 1090-3 -EXC   | CL  |       | [ ]  -2 | [ ]  -3 | [ ]  -4 |
|  | [ ] EN 1090-4 -EXC  *upon publication* | [ ] EN 1090-5 -EXC   | Activity |       |  |  |  |
| Certificate expiring date: |       |       |       |
| Next audit date: |       |       |       |
| Certification body: |       |       |       |

Certification expected

## Level of certification and description of the products covered by the application\*

*Please, describe the scope, associated levels and the products covered by the certification as accurately as possible.*

|  |
| --- |
| **Description of the products covered by the application** intoEnglish and French EN :       |
| FR :       |

|  |
| --- |
| [ ]  **Quality requirements for fusion welding following ISO 3834** |
| [ ]  **ISO 3834**-**2** | [ ]  **ISO 3834-3** | [ ]  **ISO** **3834-4** |
| Applicable standards according to the list defined by ISO 3834-5 :      |

|  |
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| [ ]  **Welding of railway vehicles and components followingEN 15085-2** |
| **Classification level and associate activities** |
| [ ]  CL 1 [ ]  CL 2 [ ]  CL 3  |
| [ ]  P: Production [ ]  M: Maintenance / Repairs [ ]  D: Design [ ]  S : Purchase and supply |
| **Level of weld performance class** |
| [ ]  CP A | [ ]  CP B1 | [ ]  CP B2 | [ ]  CP C1 | [ ]  CP C2 | [ ]  CP C3 | [ ]  CP D |

|  |
| --- |
| [ ]  **Harmonised standard EN 1090-1 : Execution for steel and aluminium structures** |
| **Steel Structures** |
| [ ]  **EN 1090-2** for steel structures |
|  | [ ]  EXC 1 | [ ]  EXC 2 | [ ]  EXC 3 | [ ]  EXC 4 |
| [ ]  **EN 1090-4** for cold-formed structural steel elements and cold-formed structures for roof, ceiling, floor and wall applications |
|  *upon publication* | [ ]  EXC 1 | [ ]  EXC 2 | [ ]  EXC 3 | [ ]  EXC 4 |
| **Aluminium Structures** |
| [ ]  **EN 1090-3** for aluminium structures |
|  | [ ]  EXC 1 | [ ]  EXC 2 | [ ]  EXC 3 | [ ]  EXC 4 |
| [ ]  **EN 1090-5** for cold-formed structural aluminium elements and cold-formed structures for roof, ceiling, floor and wall applications |
|  | [ ]  EXC 1 | [ ]  EXC 2 | [ ]  EXC 3 | [ ]  EXC 4 |
|  |  |  |  |  |
|  |  |  |  |  |
| Scope of certification: |
|  | [ ]  | **Design:** *Method chosen for the declaration of conformity (see table A.1 of EN 1090-1).* |
|  |  | [ ]  1 | [ ]  2 | [ ]  3a | [ ]  3b |
|  | [ ]  | **Welding**       |
|  | [ ]  | **Mechanical fastening:** [ ]  HR bolts [ ]  Structural bolts for non-prestressed assembly [ ]  Other *(riveting, thread cutting screw…)*:       |
|  | [ ]  | **Trial Erection:** [ ]  Test assemblies : [ ]  without welding [ ]  including welding  [ ]  On-site assemblies : [ ]  without welding [ ]  including welding  |
|  | [ ]  | **Surface treatment** *(painting, galvanizing…)*       |

## Workshop concerned \*

Number of manufacturing plant/workshop concerned by the certification application form :

|  |  |
| --- | --- |
| Site or workshop\**:* | *Address*\* |
| n°1 :  |  |
| n°2 :  |  |
| N°3 :  |  |

Welders Qualification (WQ)

|  |
| --- |
| Internal delivery of WQ***:*** [ ]  Not applicable, WQ delivered by accredited body [ ]  Not applicable, WQ delivered by non accredited body [ ]  Applicable |

Activities related to welding

*Please fill the table. For multi-certification application and in case of unidentical welding activities, thank you for specifying the welding activities related to each certification scope.*

|  |  |  |  |
| --- | --- | --- | --- |
| Welding process *\**according to ISO 4063 | Material Group *\**according to ISO/TR 15608 | Dimensions (mm)Weld thickness, diameter… | Type JointBW, FW, surfacing, cross, can |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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Additional information

## Confidentiality*\**

*IS Certification implements its rules of confidentiality (in accordance with applicable French laws, regulations and standards) However, if particular conditions relating to dedicated rules of Manufacturer confidentiality are requested, please, send your particular conditions to IS Certification in order to be checked.*

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|       |

## Language\*

|  |  |
| --- | --- |
| Communication with IS Certification |       |
|  *Outside assessment :* | [ ]  French | [ ]  English | [ ]  Other :       |
|  *During audits :* | [ ]  French | [ ]  English | [ ]  Other :       |
| Issuing of audit report | [ ]  French | [ ]  English | [ ]  Other :       |
| Issuing of Certificate | [x]  French / English (unchangeable) |
|  *Additional translation (upon request):* | [ ]  French / Other :       | [ ]  Other : / English |
|  |
| *Additional translation of Certificate:* | [ ]  No [ ]  Yes, languages:               /               |
| *To translate the IS Certification certificate into other languages than French/English version, a feasibility study will be implemented. An additional pricing can be applied.* |

## Safety rules applicable on sites or workshops

|  |
| --- |
| Specific safety requirements on the site where IS Certification will intervene? [ ]  None [ ]  Yes, which ones :       |
| Specific personal protective equipment available to IS Certification team :       |

*Confirmation of certification application*

I, the undersigned, *NAME, First Name*       authorized as

engage my company, after having taken into account the "Rules of certification," and confirm the application form for certification of my company for certification activities defined herein.

 Date and signature Company Stamp

**Review of application form before starting the onsite audit** Done in       on

Certification application has been reviewed and accepted [ ]  without change

 [ ]  with changes *(handwritten annotations on application form)*

 [ ]  for extension documentation analysis

|  |  |  |
| --- | --- | --- |
|  | Lead auditor | Company Representative\* |
| *Name* |       |       |
| *Visa* |  |  |

*Note: In case of extension with only documentation analysis, the signature of the company representative is not mandatory. Any important modification identified is notified to the Company representative.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Summary of** documents to be attached and step of providing | for quotation | with PO | ataudit |
| National business registration record or certificate of incorporation (or equivalent)\* | **X** | **X** |  |
| Certificate of liability insurance (or equivalent) \* | **X** | **X** |  |
| Copy of certificates, if any* In case of overlap request with an existing certification \*:Copy of inforce certificate
* Assessment report (last one) including finding sheets
* List of the products covered by the CE marking.
* Further information related to certification (mail)
 | **X** |  |  |
| For each welding coordinator, if applicable :* Copy of evaluation (sheet RDT 1531) signed by concerned coordinator and company representative
* CV and copies of degree and diploma (in relation with welding and allied processes)
	+ Copy of subcontracting welding coordination contract, if applicable
 |  |  | **X** |
| Checklist of relevant WPQRs (Welding Procedure Qualification Record) linked with the certification requested  |  |  | **X** |
| Procedure and registration form used for WQ delivery if internal qualification of welders |  |  | **X** |

*The details flagged by a* \* *are mandatory to issue of a certification quotation.
The certification application and the attached documents have to be addressed to IS CERTIFICATION*

|  |  |  |
| --- | --- | --- |
| *By mail :* *By e-mail:* | *Z.I. Paris Nord 2 - 90 rue des Vanesses - BP 51362**FR-95942 ROISSY CH. DE GAULLE CEDEX - FRANCE* *iscertification@isgroupe.com* |  |