**Application**

**on the issue of a certificate for plant protection product application equipment**

**for inspection purposes**

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| --- | --- |
| Name of a legal person (hereinafter - the person) |  |
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| Unified registration No. |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| Legal address |  |
|  |

|  |  |
| --- | --- |
| Phone number |  |

|  |  |
| --- | --- |
| E-mail address |  |

Please issue a certificate of the right to carry out inspections of plant protection product application equipment.

I hereby certify that:

1. the person is accredited *(mark as appropriate):*

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|[ ]  in the national accreditation authority in accordance with the laws and regulations regarding the assessment, accreditation and supervision of conformity assessment bodies; |

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|[ ]  in another accreditation body of a European Union Member State *(indicate in which):* |
|  |  |

1. the person has at his disposal trained personnel for the inspection of equipment for the application of plant protection products;
2. the person has no commercial interest in the promotion or distribution of plant protection product application equipment and parts for its repair;
3. the person has the material and technical capacity to encapsulate the identification number in the tested plant protection product application equipment.

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| Position, name, surname |  | Signature\* |

Note: \* The detail of the document "signature" shall not be completed if the electronic document has been drawn up in accordance with the laws and regulations regarding drawing up of electronic documents.".