

digital form

SEND BY EMAIL TO direzione@udicer.eu

REQUEST FORM FOR MED CERTIFICATION (DIRECTIVE 2014/90/EU)

1. Company Information	
Company name	
Address	
• VAT / Tax ID	
Contact person	
• Email	
• Phone	
2. Product Category (Categoria del prodotto)	
 □ MED/1.1 Lifebuoys □ MED/1.4 Lifejackets □ MED/1.12 Inflatable liferafts □ MED/1.13 Rigid liferafts □ MED/1.14 Self-righting liferafts □ MED/1.15 Reversible liferafts with canopy □ MED/1.17 Lifeboats a), b) □ MED/1.18 Rigid rescue boats 3. Description of the product to be certified 	☐ MED/1.19 Inflatable rescue boats ☐ MED/1.20 Fast rescue boats a), b), c) ☐ MED/1.28 Means of rescue ☐ MED/1.36 Inboard engine for rescue boat propulsion ☐ MED/1.37 Outboard propulsion engine ☐ MED/1.39 Open reversible liferafts ☐ MED/1.43 Rigid/inflatable rescue boats
4. Main dimensions, where applicable"	
Length m	
Width m	
Freeboard m	
Weight kg	



	5.	Type	of	conformity	assessment	procedure	requested
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☐ Module B (EC-type examination)			
☐ Module D (Quality assurance of production process)	NOTE: "The CE Wheel Mark may be affixed to the device only upon completion of the		
☐ Module E (Product quality assurance)	procedures outlined below. Module B alone is not sufficient.		
☐ Module F (Product verification)	B + D		
☐ Module G (Unit verification)	B+ E		
☐ Other:	B+ F		
☐ To be defined with UDICER	G		
6. Additional notes or specific requests Please note: Following receipt and evaluation of this recertification activities, including the cost of the interve applicant upon signing the contract within 15 days of receipt and evaluation of the intervence of the inte	ention, which will be deemed accepted by the		
"UDICER reserves the right to accept the requested of certification procedure and the LSA device fall within for other reasons that will be duly justified in writing."	the scope of Directive 2014/90/EU, or may refuse it		
Date: Signature			