**Application for assessment of construction product performance**

**according to technical assessment   
No.** .................................

*(to be filled by notified or authorized body)*

Applicant/manufacturer applies for: *(one option in acc. with the technical assessment shall be marked)*

**Certification of constancy of performance of product – system 1+ or 1** (acc. to CPR), resp. **I+ or I** (acc. to Act)[[1]](#footnote-1)\*

**Certification of conformity of factory production control – system 2+** (acc. to CPR), resp. **II+** (acc. to Act)\*

under regulation: *(one option shall be marked)*

**Regulation (EU) No 305/2011** of the European Parliament and of the Council of 9 March 2011 laying down harmonised conditions for the marketing of construction products and repealing Council Directive 89/106/EEC ("CPR")

**Act no. 133/2013 Coll.** on Construction Products and amending certain acts as amended (hereinafter referred to as „Act“)

based on issued: *(one option shall be marked, and a number shall be entered)*

**European technical assessment: ETA      /** (acc. to CPR)

**SK technical assessment: SK TP –      /** (acc. to Act)

**1 Product:**

Generic name and trade name: *(one option shall be marked)*

Names are identical with those stipulated in the technical assessment

Names are not identical with those stipulated in the technical assessment – please enter generic and trade names:

**2 Manufacturing plant:** *(if the technical assessment refers to more than one manufacturing plant, just one to which the certificate will relate to shall be entered)*:

**3 Product will be ready for the assessment of its performance starting from:**

**4 Declaration of the applicant/manufacturer**

We have not applied for the assessment of performances of the product referred to in Art. 1 to other Notified body, resp. Authorized body, or if we did, the application has not been accepted.

**5 Commercial and legal relationships**

Will be addressed in a separate contract, concluded pursuant to § 591 et seq. Commercial Code, in relation to this application.

In       Date

Authorized representative of the applicant: On behalf of notified or authorized body registered:

Name:       Name:       Date

Signature: ................................... Signature: ...................................

Stamp

1. \* Please underline a relevant digit in accordance with the technical assessment. [↑](#footnote-ref-1)