

ADDRESS

Via Domenico Fiasella 16,
16121 - Genova (GE) - Italy
P. IVA: 02567870221
Capitale Sociale: € 700.000 i.v.
R.E.A: GE-523728

Contact

+39 010 0980270
info@isalab.it

1. Applicant information	
a.	Company Name:
b.	Address:
c.	Phone:
d.	E-mail:
e.	VAT Number / Company Registration Number:
f.	Contact Person and Role:
2. Requested service	
a.	☐ Notified Body (NoBo)
b.	☐ Designated Body (DeBo)
c.	☐ Assessment Body (AsBo)
d.	☐ Conformity Assessment Body (CAB)
e.	☐ Independent Safety Assessor (ISA)
f.	☐ Laboratory Qualification Service
g.	☐ Test Witnessing
h.	☐ Other _____
3. Product / System information	
a.	Product/System Name:
b.	Manufacturer (if different from the client):
c.	Manufacturer address (if different from the client):
d.	Start of production / entry into service date:
4. Applicable Standards and Regulations	
a.	TSI:
b.	National Standards:

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c. Technical Standards (EN/IEC/ISO):

d. Final Customer Specifications:

5. Additional Requirements

a. Selection of the assessment module(s)

b. Scope of the DIV (part of the subsystem or development phase):

c. Presence of another AsBo designated by the applicant (to be specified where applicable, in accordance with the cases provided for in section 7.4.3 of the CSM-RA):

d. Declarations of any previous modules and DIV:

6. Declaration and signature

I declare that the information provided is accurate and I accept the terms of the application.

Applicant in the final documents (if different from that indicated in the contract)

☐ Same as indicated in the contract

☐ Different (please specify): _____

Note: If the indication, in the final documents, of an Applicant different from that stated in the contract is requested, completion of the relevant section by the customer signing the contract is mandatory. In the absence of such completion, the Applicant indicated in the final documents shall be the one stated in the contract.

Date

Signature of authorized personnel