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| **A P P L I C A T I O N** |
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| Request to execute a conformity assessment |  |
|  | (Name of the fish-processing enterprise/workshop, |
|  |
| the actual address of the object or fish-processing vessel, it’s type, board number, IMO/Lloid’s number, international radio call sign, |
|  |
| registration number (external identification in Russian registry), home port, phone, fax, e-mail, Manager’s name (fully)) |
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| requirements of official documents of the European Union for the **production** / **storage** / |
| **transportation** (underline as necessary) of safe products to include **additional types of** |
| **products** enterprise (shop/vessel), № EU: |  |  |
|  |
| (Types of fishery products and/or aquaculture) |
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|  |
| **in addition to the registered types of products:** |  |
|  |
| (Types of fishery products and/or aquaculture with indicating specification documents (National State Standards, specification, ect.) |
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| Organization-applicant |  |  |
|  |  |  |  |  |  |  |  | (The name of the organization, into which system is included the fish-processing |
|  |
| enterprise/workshop or vessel, INN, KPP, legal address, physical address, phone, fax, e-mail, Manager’s name (fully), post) |
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| Representative of the applicant’s organization |  |
|  | (Manager’s name (fully), post, phone, fax, e-mail) |
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|  |  |  |  |  |
|  (Post of the manager of the organization-applicant) |  | (Signature) |  | (Name) |
| Date |  | Seal |  |  |