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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, | | | | | | | | | | | | | | | | | | | |
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| 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: | | | | | | | | | |  | | | | | |  | | | | |
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| (Types of fishery products and/or aquaculture) | | | | | | | | | | | | | | | | | | |
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| **in addition to the registered types of products:** | | | | | | | | | | | | |  | | | | | | | |
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| (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 | | |  |  | | | |