



Application Form



Instytut Techniki Budowlanej

INSTYTUT TECHNIKI BUDOWLANEJ
BUILDING RESEARCH INSTITUTE

EPD- Secretary Office

ul. FILTROWA 1, 00-611 WARSZAWA
 phone.: +48 (22) 5664 342, fax: +48 (22) 5796 486
 e-mail: fizyka-srodowisko@itb.pl, http://zb.itb.pl/epd

TAX ID (NIP): 525-000-93-58
 BANK ACCOUNT: BPH SA
 Swift: BPHPKPLPK
 87 1060 0076 0000 3210 0016 6236 (PLN)
 43 1060 0076 0000 3210 0016 6252 (EUR)
 27 1060 0076 0000 3210 0016 6249 (USD)

APPLICATION

For ENVIRONMENTAL PRODUCT DECLARATION TYPE III (EPD)

Once completed – private and confidential

1.1. APPLICANT

Company name and address:	The Applicant is*: <input type="checkbox"/> Manufacturer (<i>labeling the product with its name</i>) <input type="checkbox"/> Authorized Representative of the Manufacturer
----------------------------------	--

1.2. PERSON AUTHORISED TO MAINTAIN RELATIONS WITH ITB

Name, surname, position:		
Address:		
Phone:	Fax:	E-mail:

**1.3. HAS THE COMPANY EMPLOYED A CONSULTANT/CONSULTING EXPERTS FOR ENVIRONMENTAL ASSESSMENT?
 (if yes, please provide the name of consultant/consulting firm)**

<input type="checkbox"/> yes	<input type="checkbox"/> no
------------------------------	-----------------------------

2. PRODUCT

Name:	Product variants:
Intended use of the product:	Reference document for the product: <input type="checkbox"/> Standard No.: <input type="checkbox"/> Technical Approval No.:

(filled by ITB)

Application with attached documentation delivered by Applicant are sufficient	<input type="checkbox"/> yes <input type="checkbox"/> no
---	---

..... date signature and seal
---------------	-----------------------------

* mark as appropriate
 ** delete as applicable

Page 1/2

3.1. MANUFACTURER (labelling the product with its name)

Name and address of the company of the Manufacturer:	Number of persons at Manufacturer's company connected with FPC system:	
Phone:	Fax:	E-mail:

3.2. MANUFACTURING SITES

Number of manufacturing plants:		
Names and address of the Manufacturing Plants:	No. of manufacturing lines for the product referred to in item:	No. of people at each Plant, dealing with the FPC system:

The number of persons connected with FPC system refers to the personnel dealing with: supervision over FPC system, supplies, acceptance and storage of materials and raw materials for production, production preparation, manufacturing process, supervision over production machinery and equipment, supervision over control and measuring equipment, testing, conformity assessment and product labelling, issuance of Declaration of Conformity, storage of finished goods, transport and complaints

4. PERSON RESPONSIBLE

Name, surname, position:

Address:		
Phone:	Fax:	E-mail:
5. PARTY PLACING THE PRODUCT ON THE MARKET		
Company name and address:		The Party is*: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Authorised Representative of the Producer outside Poland
Phone:	Fax:	E-mail:
<i>*In case of a foreign producer, when the product is to be labelled with B construction mark, the Party placing the product on the market is the authorised representative of the producer.</i>		
6. DOCUMENTS ATTACHED TO THE APPLICATION:		
<input type="checkbox"/> Documents allow to identify the product (technical documentations, catalogues, schemes, description) ** <input type="checkbox"/> Any environmental claims or calculation on related product <input type="checkbox"/> Documentation of the Factory Production Control system (<i>delivery of the FPC system documentation is vital to initiate the certification process</i>) ** <input type="checkbox"/> Reference document (<i>in case when technical approval is reference document</i>) ** <input type="checkbox"/> Type Testing Report (<i>in case of the conformity assessment systems 1+ or 1</i>) ** <input type="checkbox"/> A copy of Manufacturer's Quality Management System Certificate (<i>if the Manufacturer holds one</i>) <input type="checkbox"/> Documents confirming the running of business activities by the Manufacturer and/or Authorised Representative – dated no later than 3 months of issuing*** <input type="checkbox"/> Other (please specify):		
<small>** - documents above should be delivered to the ITB in version chosen: polish version, English version, german verion, russian version *** - documents above should be delivered to the ITB in version chosen: polish version, English version</small>		
7. I AM INTERESTED IN OBTAINING EPD IN		
<input type="checkbox"/> Polish version	<input type="checkbox"/> English version	
8. PARTY COVERING THE COSTS		
Company name and address:		Tax ID (NIP):
8. STATEMENT OF THE PARTY FILING THE APPLICATION		
Applicant states that he has become acquainted with effective ITB regulations as to the EPD process, exercising supervision over the EPD and requirements for the process published on ITB website (www.itb.pl), and has acknowledged them.		
9. OBLIGATION OF THE PARTY FILING THE APPLICATION		
By virtue of filing this Application we undertake to:		
<ul style="list-style-type: none"> • meet the requirements laid down in the effective legislation and the requirements of Instytut Techniki Budowlanej connected with the running of EPD process and exercising supervision over the EPD, • make payments for EPD process and declaration supervision (therein make non-returnable prepayment during 7 days from the date of delivering this application), in compliance with the quotation specified in the currently effective price list <p>At the same time we authorise Instytut Techniki Budowlanej to issue an invoice without our countersignature.</p>		
..... date Manager/President (signature and seal)	

* mark as appropriate

** delete as applicable