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| **Application Form for Authorization NEW EQUIPMENT MANUFACTURERS** |

This form is for companies who wish to be authorised by Cemafroid in accordance with the Technical Reference Document for Authorisation of Manufacturers CER-72-001-P[[1]](#footnote-1) for activities of:

Manufacture of bodies / tanks / small containers / insulated packaging / panels, kits for transport of perishable foodstuffs;

Manufacture of thermal appliances / Kit assembly / Body-to-chassis clamping / Fitting of thermal appliances / Commissioning of thermal appliances for transport of perishable foodstuffs, or as Agents applying for certificates of technical compliance.

In order for Cemafroid to examine the admissibility of the application and draw up an authorisation contract, please complete this form in **modifiable electronic version** and return it, together with the elements requested, to:

E-Mail: autoritecompetenteATP@cemafroid.fr Fax : +33 1 46 89 28 79

*Cemafroid undertakes to preserve the confidentiality of the information contained in this form and the attached documents.*

This form is comprised of three parts for the Applicant, and a fourth part for Cemafroid use:

1) Identification of the applicant company

2) Identification of the scope of the requested authorisation

3) Description of the company applying for authorisation

4) Review of the application

**Name of Applicant Company: ……….**

The application will be reviewed only upon payment of the sum of €XXX before tax, i.e. €XXX including tax, in accordance with the current rates. You will receive a paid invoice when your payment has been collected. This amount shall remain due whatever the decision on the admissibility of your application.

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| **THIS BOX IS FOR CEMAFROID USE ONLY****Examiner : ……………………..****File number : ………………………………****Customer number 2Li : …………………………….****Date document received : ……………………..**  |

# Part 1. Identification of the Company

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| Main Facility |
| Company name and legal form |  |
| Address |  |
| Postal code |  |
| City  |  |
| Country |  |
| Telephone |  |
| Fax |  |
| Website |  |
| RCS number |  |
| Location |  |
| SIREN number |  |
| VAT number |  |
| Number of facilities concerned by theapplication |  |
| Name of Management Representative |  |
| Name and position of person signing thecontract (if other) |  |
| E-mail of contact |  |

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| Invoicing Address (if other) |
| Company name and legal form |  |
| Address |  |
| Postal code |  |
| City  |  |
| Country |  |
| Name of contact |  |
| Telephone  |  |
| Fax  |  |
| E-mail  |  |

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| Facility/facilities applying for activities of Manufacturing, Thermal Re-insulation, Reconditioning of Perishable Foodstuffs Transport Equipmentand/or acting as Agent(s) applying for ATP Certificates of Compliance |
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| Multi-Site[[2]](#footnote-2)  : Yes [ ]  No [ ]   | Networked1 : Yes [ ]  No [ ]  |

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| Name of facility |  |
| Address |  |
| Postal code |  |
| City  |  |
| Country |  |
| Telephone |  |
| Fax |  |
| SIRET number |  |
| Name of Facility Manager |  |
| E-mail of Facility Manager |  |
| Name of Deputy |  |
| Name(s) of Operator(s) |  |
| Facility total workforce |  |
| Personnel involved in the activity requestedfor authorisation |  |

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| Datafrig® Contact(s) |
| Name(s) of contact(s) |  |
| Position(s) |  |
| Telephone(s) |  |
| Fax |  |
| E-mail |  |
| Address |  |
| Postal code |  |
| City |  |
| Country |  |

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| Information on the Company Quality System |
| Do you have a quality system | Yes [ ]  No [ ]  |
| For multi-site companies, is the quality system centralised | Yes [ ]  No [ ]  |
| Are you certified | Yes [ ]  No [ ]  |
| If yes,Certification Body |  |
| Validity end date of certificate (\*)  |  |
| Name of QSE Manager |  |
| Date of last internal audit |  |
| *(\*)Please provide a copy of the relevant valid certificate.* |

# Part 2. Identification of the Scope of the Requested Authorisation

[ ]  **You acknowledge that you have read and understood the authorisation reference document for new equipment manufacturers CER-72-001-P[[3]](#footnote-3) and the Rules of Procedure CER-72-002-P3**

[ ]  **You acknowledge that you have read and understood the Certification Programme for New Equipment Manufacturers P752113**

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| Activities covered by the Application for Authorisation*(tick the boxes relevant to your activities)* |

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| New Equipment Manufacturing Process | Manufacture of:[ ]  Bodies, [ ]  Containers [ ]  Tanks, [ ]  Small containers, [ ]  Insulated packaging,[ ]  Panels, [ ]  Kits[ ]  Manufacture of thermal appliances: appliances producing refrigeration (e.g., refrigerated appliances[[4]](#footnote-4) , refrigeration units) or heat (heated appliances)[ ]  Kit assembly[ ]  Body-to-chassis clamping[ ]  Thermal appliance to equipment fitting[ ]  Thermal appliance Commissioning [ ]  Manufacture of ATP-specific markings (identification mark or certification plate) |
| Reconditioning Process | [ ]  Rehabilitation of a series of equipment so that each equipment has at least the same insulating capacity and efficiency characteristics as the reference equipment corresponding to the first reconditioned equipment |
| Thermal Re-insulation Process | [ ]  Restoration, in full, of thermal insulation for tanks that have been completely bared |
| Certificate Application Process | [ ]  Filing an application for a Certificate of Technical Compliance (ATP or national) on behalf of the equipment owner or user |

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| Production or Assembly of New Equipment |

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| Types of equipment produced or assembled | Production Qty Year n-2 | Production Qty Year n-1 | Production Qty Year n |
| ***Non-ATP*** | ***ATP*** | ***Non-ATP*** | ***ATP*** | ***Non-ATP*** | ***ATP*** |
| Insulated carrier |  |  |  |  |  |  |
| Insulated trailer |  |  |  |  |  |  |
| Insulated semi-trailer |  |  |  |  |  |  |
| Insulated equipment in kits |  |  |  |  |  |  |
| Ground finishedequipment |  |  |  |  |  |  |
| Insulated kits |  |  |  |  |  |  |
| Refrigeration units |  |  |  |  |  |  |
| Containers |  |  |  |  |  |  |
| Other :  |  |  |  |  |  |  |

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| Reference numbers of standard equipment test reports issued by officialstations owned by the applicant |

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| Test report number | Name of official station who issued the test report | Name of equipment model | Test report validity date | Comments / Remarks |
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# Part 3. Presentation of the applicant company

This part includes a series of open questions designed to help us determine the level of organisation of you company to satisfy the requirements made on a New Equipment Manufacturer. For each heading you must provide evidence in support of your answer.

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| Line of business of your company |

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| Questions pertaining to the requirements of the reference document | **Applicant’s Answer** | **Cemafroid Analysis** |
| General activities of thecompany |  |  |
| Activity of the company in the field of refrigeration and distribution with respect tothe general activities |  |  |
| Distribution according to type of equipment produced:- % insulated- % refrigerated- % mechanically refrigerated |  |  |

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| Management of your company documentation |

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| Questions pertaining to the requirements of the reference document | **Applicant’s Answer** | **Cemafroid Analysis** |
| Do you have a quality manual describing the general organisational rules of your company (roles,processes, and positions) | Yes [ ]  No [ ]  |  |
| If you are multi-site, is thereonly one manual | Yes [ ]  No [ ]  |  |
| Do you have afiling/archiving system | Yes [ ]  No [ ]  |  |
| What are the means used to justify the changes made tothe prototype(s) |  |  |
| Language in which the quality documents are written |  |  |

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| Management’s Commitment |

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| Questions pertaining to the requirements of the reference document | Applicant’s Answer | Cemafroid Analysis |
| What are the measures taken to ensure that information both accurate and verified is fed into theDATAFRIG database |  |  |

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| Personnel Management |

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| Questions pertaining to the requirements of the reference document | Applicant’s Answer | Cemafroid Analysis |
| Have the responsibilities and roles of the personnel involved in the activity to be authorised been formalizedand recorded | Yes [ ]  No [ ]  |  |
| Has the follow-up on training/skills of the personnel involved in the activity to be authorised been formalised and recorded | Yes [ ]  No [ ]  |  |

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| Data Processing Means |

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| Questions pertaining to the requirements of the reference document | Applicant’s Answer | Cemafroid Analysis |
| Data processing tool(s) available to manage the traceability of the equipmentproduced |  |  |
| Do you have an Internetconnection | Oui [ ]  Non [ ]  |  |

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| Purchasing – Subcontracting |

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| Name | Address | Type of subcontracting (e.g., manufacture of bodies, refrigeration units) | Control means implemented | Cemafroid Analysis |
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| The following documents must be supplied: |

[ ] K-bis form less than 3 months old

[ ] Quality Manual (or any other documents describing the general rules of the company)

[ ] General procedures or quality plans relating to the activity subject to authorisation

[ ] General list of documents relating to the activity subject to authorisation

[ ] Management’s written commitment

[ ] Nominal and functional organisational chart

[ ] Description of job, role, or position

[ ] Records (CV, diplomas, certificates, etc.)

[ ] Copy of the relevant certificate if your company is certified

# Part 4. Application Review

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| Summary assessment of the application |

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| Proposal on the admissibility of the application |

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| Date Name of Examiner/ Signature |

1. *Applicable version to the receipt of the application available at http://www.autoritecompetenteatp.cemafroid.fr/* [↑](#footnote-ref-1)
2. Duplicate the table as many times as there are facilities [↑](#footnote-ref-2)
3. *Applicable version to the receipt of the application available at http://www.autoritecompetenteatp.cemafroid.fr/* [↑](#footnote-ref-3)
4. *Sources de froid : plaques eutectiques, glace carbonique, glace hydrique, …* [↑](#footnote-ref-4)