**Model forms**

**MODEL LETTER 001 - NF APE MARK**

**to be drawn up on the applicant’s letterhead**

 **CERTIGAZ**

**Dear Sir**

**Immeuble le Linéa**

**1, rue du Général Leclerc – CS 60254**

**F – 92047 - PARIS LA DEFENSE**

Subject: **NF APE Mark**

**Admission application for the right to use the NF Mark for a new product**

Dear Sir,

I would like to apply for the right to use the NF Mark for the following product/product range:

**<product name/reference normative document>**

produced in the following manufacturing entity:

**<company name + address>**

and for the brand and for the reference below:

**<trademark and trade reference>**.

In this respect, I hereby declare that I know and accept the General Rules of the NF Mark and the NF APE Certification Rules and undertake to comply therewith throughout the period of use of the NF Mark all these rules available on the CERTIGAZ’s website.

<OPTION (1): Moreover, I hereby authorise the Company (company name), (status of the company), (head office) represented by Mr/Ms (name of the legal representative), in their capacity as (function), to represent me in France for all questions relating to the use of the NF APE Mark.

I undertake to inform CERTIGAZ immediately of any change in the aforementioned representative.

<OPTION: I consequently request that the expenses that are to be borne by me be invoiced directly to the said representative.

This representative will ensure immediate settlement of invoices upon receipt on my behalf as bound so to do in accepting to represent me.

I undertake to pay and will ensure immediate settlement of the invoices as soon as I receive them.

The price list is available on CERTIGAZ website and can be requested to CERTIGAZ for sending.

Yours faithfully,

 **Date and signature**

 **of the legal representative**

 **of the applicant (compulsory)**

 **<OPTION (1): Date and signature**

 **of the representative in the EEA/EFTA>**

(1) *Only concerns applicants-holders located outside of the European Economic Area (EEA)* or in the European Free Trade Association (EFTA) *and facultative for the other.*

**MODEL LETTER 002 A - NF APE MARK**

**to be drawn up on the applicant’s letterhead**

**CERTIGAZ**

**Dear Sir**

**Immeuble le Linéa**

**1, rue du Général Leclerc – CS 60254**

**F – 92047 - PARIS LA DEFENSE**

Subject: **NF APE**

**Application for extension of the right to use the NF Mark for a modified product**

Dear Sir,

As a holder of the NF Mark for the product manufactured by me under the following reference:

. name of product/product range:

. reference normative document:

 manufacturing entity: (<company name + address>)

. trademark and trade reference:

. certificate number:

. right to use granted on: (<certificate date>)

I would like to apply for the extension of the right to use the NF Mark for the product(s) manufactured by my company, with the following changes:

**<description of changes>.**

This product/product range will replace the certified product: [ ]  NO [ ]  YES

I hereby declare that the other characteristics of the products/product range concerned by this application are in strict compliance with the products that are already NF certified and manufactured in the same conditions.

In this respect, I hereby declare that I know and accept the General Rules of the NF Mark and the NF APE Certification Rules and undertake to comply therewith throughout the period of use of the NF Mark all these rules available on the CERTIGAZ’s website.

I undertake to pay and will ensure immediate settlement of the invoices as soon as I receive them.

The price list is available on CERTIGAZ website and can be requested to CERTIGAZ for sending.

Yours faithfully,

 **Date and signature**

 **of the legal representative**

 **of the holder**

**MODEL LETTER 002 B - NF APE MARK**

**to be drawn up on the applicant’s letterhead**

**CERTIGAZ**

**Dear Sir**

**Immeuble le Linéa**

**1, rue du Général Leclerc – CS 60254**

**F – 92047 - PARIS LA DEFENSE**

Subject: **NF APE**

**Application for the maintenance of the right to use the NF Mark**

Dear Sir,

I would like to apply to maintain the right to use the NF Mark for the product(s) which does/do not differ from the already NF certified product other than in their references and/or brand names affixed thereto and in design changes which do not alter their certified features in any way whatsoever.

This application concerns:

- the name of product/product range

- the manufacturing unit (company name) (address)

- the right to use granted on: (date)

- the file number: (number)

The brand names requested by the distributor are:

- trade reference:

- trademark:

I hereby declare that the other characteristics of the products concerned by this application are in strict compliance with the products that are already NF certified **<certificate no. APE …………>** and manufactured in the same conditions.

In this respect, I hereby declare that I know and accept the General Rules of the NF Mark and the NF APE Certification Rules and undertake to comply therewith throughout the period of use of the NF Mark all these rules available on the CERTIGAZ’s website.

I undertake to pay and will ensure immediate settlement of the invoices as soon as I receive them.

The price list is available on CERTIGAZ website and can be requested to CERTIGAZ for sending.

Yours faithfully,

**Date and signature**

 **of the legal representative**

 **of the applicant**

**(and signature of the holder of the NF APE Mark for agreement in the case of an application for maintenance wherein the applicant is different from the holder)**

**MODEL LETTER 001 H - NF APE MARK**

**to be drawn up on the applicant’s letterhead**

 **CERTIGAZ**

**Dear Sir**

**Immeuble le Linéa**

**1, rue du Général Leclerc – CS 60254**

**F – 92047 - PARIS LA DEFENSE**

Subject: **NF APE Mark**

 **Application for approval of a new excess flow valve**

Dear Sir,

I would like to apply for the approval of the following excess flow valve(s):

**<description>**

In this respect, I hereby declare that I know and accept the General Rules of the NF Mark and the NF APE Certification Rules and undertake to comply therewith throughout the period of the approval, all these rules available on the CERTIGAZ’s website.

<OPTION (1): Moreover, I hereby authorise the Company (company name), (status of the company), (head office) represented by Mr/Ms (name of the legal representative), in their capacity as (function), to represent me in France for all questions relating to the use of the NF APE Mark.

I undertake to inform CERTIGAZ immediately of any change in the aforementioned representative.

<OPTION: I consequently request that the expenses that are to be borne by me be invoiced directly to the said representative.

This representative will ensure immediate settlement of invoices upon receipt on my behalf as bound so to do in accepting to represent me.

I undertake to pay and will ensure immediate settlement of the invoices as soon as I receive them.

The price list is available on CERTIGAZ website and can be requested to CERTIGAZ for sending.

Yours faithfully,

 **Date and signature**

 **of the legal representative**

 **of the applicant (compulsory)**

 **<OPTION (1): Date and signature**

 **of the representative in the EEA/EFTA>**

(1) *Only concerns applicants-holders located outside of the European Economic Area (EEA)* or in the European Free Trade Association (EFTA) *and facultative for the other.*

**MODEL LETTER 002 A H - NF APE MARK**

**to be drawn up on the applicant’s letterhead**

 **CERTIGAZ**

**Dear Sir**

**Immeuble le Linéa**

**1, rue du Général Leclerc – CS 60254**

**F – 92047 - PARIS LA DEFENSE**

Subject: **NF APE**

**Application for the extension or modification of an approval of excess flow valve**

Dear Sir,

As holder of an approval for the following excess flow valve(s):

. manufacturing entity: (<company name + address>)

. trademark and trade reference:

. approval number:

. date of approval:

I would like to apply for the extension of this approval for the following changes:

**<description of changes>.**

These excess flow valve(s) will replace those previously approved: [ ]  NO [ ]  YES

I hereby declare that the other characteristics of the excess flow valve(s) concerned by this application are in strict compliance with the products already approved and manufactured in the same conditions.

In this respect, I hereby declare that I know and accept the General Rules of the NF Mark and the NF APE Certification Rules and undertake to comply therewith throughout the period of use of the approval, all these rules available on the CERTIGAZ’s website.

I undertake to pay and will ensure immediate settlement of the invoices as soon as I receive them.

The price list is available on CERTIGAZ website and can be requested to CERTIGAZ for sending.

Yours faithfully,

 **Date and signature**

 **of the legal representative**

 **of the holder**

**MODEL LETTER 002 B H - NF APE MARK**

**to be drawn up on the applicant’s letterhead**

 **CERTIGAZ**

**Dear Sir**

**Immeuble le Linéa**

**1, rue du Général Leclerc – CS 60254**

**F – 92047 - PARIS LA DEFENSE**

Subject: **NF APE**

**Application for the maintenance of approval**

Dear Sir,

I would like to apply to maintain the approval of the excess flow valves which do not differ from the already approved product other than in their references and/or trademarks and/or in design changes that do not alter their certified features in any way whatsoever.

This application concerns:

- the product name

- the manufacturing unit: (company name) (address)

- approval granted on: (date)

- under the number: (number)

The brand names requested by the distributor are:

- trade reference:

- trademark:

I hereby declare that the other characteristics of the products concerned by this application are in strict compliance with the products already approved and manufactured in the same conditions.

In this respect, I hereby declare that I know and accept the General Rules of the NF Mark and the NF APE Certification Rules and undertake to comply therewith throughout the period of use of the approval, all these rules available on the CERTIGAZ’s website.

I undertake to pay and will ensure immediate settlement of the invoices as soon as I receive them.

The price list is available on CERTIGAZ website and can be requested to CERTIGAZ for sending.

Yours faithfully,

**Date and signature**

 **of the legal representative**

 **of the applicant**

**(and signature of the holder of the NF APE Mark for agreement in the case of an application for maintenance wherein the applicant is different from the holder)**

**FORM 003 A - NF APE MARK**

**GENERAL INFORMATION FORM REGARDING THE APPLICANT/HOLDER**

**APPLICANT/HOLDER:**

- Company name:

- Address:

- Country: …………………………………….. Website: …………………………………… ………………………..

- SIRET no. (1): ........................................................ APE and/or VAT code

- Name and position of the legal representative (2):

- Name and position of the contact (if different):

- Tel.: ……………….………. Fax: .............. ............... Email: ……………………… ……………………………..

- QHSE system certification: …………………………… Body: ………………… …………………………..

**MANUFACTURING UNIT of finished products** (if different from the applicant/holder)**:**

- Company name:

- Address:

- Country: …………………………………….. Website:

- Name and position of the legal representative (2):

- Name and position of the contact (if different):

- Tel.: ……………….………. Fax: ................................ Email: ………………………………… …………………..

- QHSE system certification: …………………………… Body: ………………………… …………………..

**MANUFACTURING UNIT of injected products** (if different from the manufacturing unit of products - paragraph to duplicate if multiple injection sites are used)**:**

- Company name:

- Address:

- Country: …………………………………….. Website: …………………………………………………….… …………..

- Name and position of the legal representative (2):

- Name and position of the contact (if different):

- Tel.: ……………….………. Fax: .................................. Email:

- QHSE system certification: ……………………………… Body:

**MANUFACTURING UNIT of excess flow valves and/or their ASSEMBLY** (if different from the manufacturing unit of products - § to duplicate if the assembly is carried out on a storage site, for example)**:**

- Company name:

- Address:

- Country: …………………………………….. Website:

- Name and position of the legal representative (2):

- Name and position of the contact (if different):

- Tel.: ………………...………. Fax: .................................. Email: …………………………….…………..… …………..

- QHSE system certification: ……………..……………… Body  ..

**REPRESENTATIVE IN THE EEA (if required) or other REPRESENTATIVE:**

- Company name:

- Address:

- Country: …………………………………….. Website: ………………………….………………………………………..

- SIRET no. (1): ........................................................ APE and/or VAT code:

- Name and position of the legal representative (2):

- Name and position of the contact (if different):

- Tel.: ……………….………. Fax: ................................ Email: …………………………………………………………..

- QHSE system certification: …………………………… Body: ……………………………….… ………………………..

(1) *Only for French companies*. (2) *The legal representative is the legal person responsible for the company*.

**MODEL LETTER 003 C - NF APE MARK**

**to be drawn up on the applicant’s letterhead**

Subject: **AGENT / REPRESENTATIVE**

Dear Sir,

I hereby authorise the Company identified below in its capacity as agent to represent me on French territory for all issues relating to the use of the NF APE mark. I undertake to inform CERTIGAZ immediately of any new appointment of the below-mentioned representative.

- Company name:

- Address:

- Country: …………………………………….. Website: ……………………………………..………………………….…

- SIRET no. (1): ........................................................ APE and/or VAT code: …………………………………………

- Name and position of the legal representative (2):

- Name and position of the contact (if different):

- Tel.: ……………….…….…. Fax: ....................................... Email: …………………………………………………….

- QHSE system certification: ………………...………………. Body: ……………..…………………………………………

I consequently request that the expenses that are to be borne by me be invoiced directly to the said
representative. This representative will ensure immediate settlement of invoices upon receipt on my behalf as bound so to do in accepting to represent me.

Yours faithfully,

|  |  |
| --- | --- |
| **Date, name and signature of the legal representative (2) of the applicant/holder, preceded by the handwritten comment “*Approved for representation*”** | **Date, name and signature of the agent in Europe preceded by the handwritten comment “*Approved for acceptance of representation*”** |

(1) *Only for French companies.*

(2) *The legal representative is the person legally responsible for the company.*