**STANDARD LETTER 001**

**NF ROB-GAZ MARK**

**APPLICATION FORM FOR THE RIGHT TO USE THE NF MARK**

**OR EXTENSION OF THIS RIGHT FOR A NEW PRODUCT (ADMISSION)**

**(to be established on the applicant's letterhead)**

**CERTIGAZ**

**Mr. General Manager**

**1 General Leclerc Street**

**CS 60254**

**F-92047 Paris La Défense CEDEX**

Subject: **NF ROB-GAZ mark**

 **Application for admission of the right to use the NF mark for a new product**

Mr. Director General,

I have the honor to request the right to use the NF mark for the following product/range of products:

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

manufactured in the following manufacturing entity:

**<company name + address>**

and for the brand and for the following reference(s):

**<trademark and trade reference(s)>**

To this end, I declare that I know and accept the General Rules of the NF mark as well as the NF ROB-GAZ Certification Rules and undertake to respect all these rules, available on the CERTIGAZ website and provided upon request by CERTIGAZ, throughout the duration of use of the NF mark.

I agree to pay, upon receipt of invoices, the costs that are our responsibility. Rates are available on the CERTIGAZ website and can be requested from CERTIGAZ.

<OPTION (1):

I also authorize the Company (company name), (company status), (registered office) represented by Mr/Mrs/Miss (name of legal representative) in the capacity of (capacity) to represent me on French territory for all questions relating to the use of the NF ROB-GAZ mark in accordance with the mandate attached to this application.

I undertake to immediately notify CERTIGAZ of any change in the representative designated above.

I request that the services I am responsible for to be invoiced directly to them.

They will ensure payment on my behalf and in my name, upon receipt of the invoices as they undertake to do by accepting the representation.

>

Please accept, Mr. Director General, my distinguished greetings.

 **Date and signature**

 **of the legal representative**

 **of the applicant (mandatory)**

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

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

(1) *Only concerns representatives of applicants located outside the European Economic Area and* the European Free Trade Association

**STANDARD LETTER 002 A**

**NF ROB-GAZ MARK**

**APPLICATION FORM FOR EXTENSION OF THE RIGHT TO USE THE NF MARK**

**FOR A MODIFIED PRODUCT**

**(to be established on the applicant's letterhead)**

**CERTIGAZ**

**Mr. General Manager**

**1 General Leclerc Street**

**CS 60254**

**F-92047 Paris La Défense CEDEX**

Subject: **NF ROB-GAZ**

**Request for extension of the right to use the NF mark for a modified product**

Mr. Director General,

As the holder of the NF mark for the product of my manufacture identified under the following references:

* product designation/product range:
* reference normative document:
* manufacturing entity: *(<company name> <address>)*
* brand and commercial reference:
* certificate number: *(number)*
* right to use granted on: *(date of certificate)*

I have the honor to request the extension of the right to use the NF mark for the product/range of products of my manufacture, deriving from the product already certified NF **<certificate no. ROB ……>** by the following modifications: **<statement of modifications>.**

This product/product range replaces the certified product: [ ] NO [ ] YES

I declare that the products/range of products which are the subject of this application are, for the other characteristics, strictly compliant with the products/range of products already NF certified and manufactured under the same conditions.

To this end, I declare that I know and accept the General Rules of the NF mark as well as the NF ROB-GAZ Certification Rules and undertake to respect all these rules, available on the CERTIGAZ website and provided upon request by CERTIGAZ, throughout the duration of use of the NF mark.

I agree to pay, upon receipt of invoices, the costs that are our responsibility. Rates are available on the CERTIGAZ website and can be requested from CERTIGAZ.

Please accept, Mr. Director General, my distinguished greetings.

 **Date and signature**

 **of the legal representative**

 **of the holder**

**STANDARD LETTER 002 B**

**NF ROB-GAZ MARK**

**APPLICATION FORM FOR MAINTENANCE OF THE RIGHT TO USE THE NF MARK FOR A NEW TRADEMARK AND/OR SPECIFIC REFERENCE**

**( to be established on the applicant's letterhead )**

**CERTIGAZ**

**Mr. General Manager**

**1 General Leclerc Street**

**CS 60254**

**F-92047 Paris La Défense CEDEX**

Subject: **NF ROB-GAZ**

**Request for maintenance of the right to use the NF mark**

Mr. Director General,

I have the honor of requesting the maintenance of the right to use the NF mark for the product(s) which differ(s) from the NF certified product only by its (their) references and/or the trademark affixed to it and by adjustments which do not modify their characteristics in any way.

This request concerns:

* the designation of the product/product range
* the manufacturing unit: *(<company name> <address>)*
* the right to use granted on: *(date of certificate)*
* the certificate number: *(number)*

The trade name requested by the distributor is:

* commercial reference:
* trademark:

I declare that the product(s) which are the subject of this application is/are, for the other characteristics, strictly compliant with the product(s) already NF certified and manufactured under the same conditions.

To this end, I declare that I know and accept the General Rules of the NF mark as well as the NF ROB-GAZ Certification Rules and undertake to respect all these rules, available on the CERTIGAZ website and provided upon request by CERTIGAZ, throughout the duration of use of the NF mark.

I agree to pay, upon receipt of invoices, the costs that are our responsibility. Rates are available on the CERTIGAZ website and can be requested from CERTIGAZ.

Please accept, Mr. Director General, my distinguished greetings.

**Date and signature**

**of the legal representative**

**of the applicant**

**(and signature of the holder of the NF ROB-GAZ trademark for agreement in the case of a request for maintenance where the applicant is different from the holder)**

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

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

(1) *Only concerns representatives of applicants located outside the* European Economic Area and the European Free Trade Association

**STANDARD LETTER 001 H**

**NF ROB-GAZ MARK**

**NF ACCESSORY APPROVAL APPLICATION FORM**

**FOR A NEW PRODUCT (ADMISSION)**

**(to be established on the applicant's letterhead)**

**CERTIGAZ**

**Mr. General Manager**

**1 General Leclerc Street**

**CS 60254**

**F-92047 Paris La Défense CEDEX**

Subject: **NF ROB-GAZ mark**

 **Application for admission of NF accessory approval for a new product**

Mr. Director General,

I have the honor to request NF ROB-GAZ approval for the following product:

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

manufactured in the following manufacturing entity:

**<company name + address>**

and for the brand and for the following reference:

**<trademark and trade reference>**

To this end, I declare that I know and accept the General Rules of the NF mark as well as the NF ROB-GAZ Certification Rules and undertake to respect all these rules, available on the CERTIGAZ website and provided upon request by CERTIGAZ, throughout the duration of use of the NF mark.

I undertake to pay, upon receipt of invoices, the costs that are our responsibility. Rates are available on the CERTIGAZ website and can be requested from CERTIGAZ.

<OPTION (1):

I also authorize the Company (company name), (company status), (registered office) represented by Mr/Mrs/Miss (name of legal representative) in the capacity of (capacity) to represent me on French territory for all questions relating to the use of the NF ROB-GAZ trademark in accordance with the mandate attached to this application.

I undertake to immediately notify CERTIGAZ of any change in the representative designated above.

I request that the services I am responsible for to be invoiced directly to them.

They will ensure payment on my behalf and in my name, upon receipt of the invoices as they undertake to do by accepting the representation.

>

Please accept, Mr. Director General, my distinguished greetings.

 **Date and signature**

 **of the legal representative**

 **of the applicant (mandatory)**

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

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

(1) *Only concerns representatives of applicants located outside the* European Economic Area and the European Free Trade Association

**TYPE LETTER 002 A H**

**NF ROB-GAZ MARK**

**NF ACCESSORY APPROVAL EXTENSION REQUEST FORM**

**FOR A MODIFIED PRODUCT**

**(to be established on the applicant's letterhead)**

**CERTIGAZ**

**Mr. General Manager**

**1 General Leclerc Street**

**CS 60254**

**F-92047 Paris La Défense CEDEX**

Subject: **NF ROB-GAZ**

**Request for extension of NF accessory approval for a modified product**

Mr. Director General,

As the holder of NF approval for the product of my manufacture identified under the following references:

* product designation/product range:
* reference normative document:
* manufacturing entity: *(<company name> <address>)*
* brand and commercial reference:
* certificate number: *(number)*
* approval granted on: *(date)*

I have the honor to request NF approval for the product of products of my manufacture, derived from the product already approved NF **<certificate n° ROB H……>** by the following modifications: **<statement of modifications>.**

This product/product range replaces the certified product: [ ] NO [ ] YES

I declare that the products/range of products which are the subject of this application are, for the other characteristics, strictly compliant with the product/range of products already NF approved and manufactured under the same conditions.

To this end, I declare that I know and accept the General Rules of the NF mark as well as the NF ROB-GAZ Certification Rules and undertake to respect all these rules, available on the CERTIGAZ website and provided upon request by CERTIGAZ, throughout the duration of use of the NF mark.

I agree to pay, upon receipt of invoices, the costs that are our responsibility. Rates are available on the CERTIGAZ website and can be requested from CERTIGAZ.

Please accept, Mr. Director General, my distinguished greetings.

 **Date and signature**

 **of the legal representative**

 **of the holder**

**STANDARD LETTER 002 B H**

**NF ROB-GAZ MARK**

**APPLICATION FORM FOR MAINTENANCE OF NF ACCESSORY APPROVAL FOR A NEW TRADEMARK AND/OR SPECIFIC REFERENCE**

**( to be established on the applicant's letterhead )**

**CERTIGAZ**

**Mr. General Manager**

**1 General Leclerc Street**

**CS 60254**

**F-92047 Paris La Défense CEDEX**

Subject: **NF ROB-GAZ**

**Request for maintenance of NF accessory approval**

Mr. Director General,

I have the honor to request the maintenance of the right to use the NF approval for the product(s) which differ(s) from the NF approved product only by its (their) references and/or the trademark affixed to it and by adjustments which do not modify their characteristics in any way.

This request concerns:

* the designation of the product/product range
* the manufacturing unit *(company name) (address)*
* approval granted on: *(date)*
* the certificate number: *(number)*

The trade name requested by the distributor is:

* commercial reference:
* trademark:

I declare that the product(s) which are the subject of this application is/are, for the other characteristics, strictly compliant with the product(s) already approved NF and manufactured under the same conditions.

To this end, I declare that I know and accept the General Rules of the NF mark as well as the NF ROB-GAZ Certification Rules and undertake to respect all these rules, available on the CERTIGAZ website and provided upon request by CERTIGAZ, throughout the duration of use of the NF mark.

I agree to pay, upon receipt of invoices, the costs that are our responsibility. Rates are available on the CERTIGAZ website and can be requested from CERTIGAZ.

Please accept, Mr. Director General, my distinguished greetings.

**Date and signature**

**of the legal representative**

**of the applicant**

**(and signature of the holder of the NF ROB-GAZ trademark for agreement in the case of a request for maintenance where the applicant is different from the holder)**

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

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

(1) *Only concerns representatives of applicants located outside the* European Economic Area and the European Free Trade Association

**SHEET 003 A**

**NF-ROB-GAZ MARK**

**GENERAL INFORMATION SHEET (for cut-off devices and test sockets)**

**APPLICANT / HOLDER:**

-Company name:

- Address :

- Country: Website:

- Intracommunity VAT number: SIRET number (1): APE code (2):

- Quality system certification:

- Name and capacity of the legal representative (3):

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

- Tel.: Email address (4):

**BILLING ADDRESS (if different from applicant/holder):**

- Company name:

- Address :

- Country :

- Intracommunity VAT number: SIRET number (1): APE code (2):

- Name and position of the correspondent:

- Tel.: Email address (4):

**MANUFACTURING UNIT (if different from applicant/holder):**

- Company name:

- Address :

- Country: Website:

- Quality system certification:

- Name and capacity of the legal representative (3):

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

- Tel.: Email address:

**AGENT IN THE EEA/EFTA (if requested):**

- Company name:

- Address :

- Country: Website:

- Intracommunity VAT number: SIRET number (1): APE code (2):

- Name and capacity of the legal representative (3):

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

- Tel.: Email address (4):

(1) and (2) *Only for French companies.*  (3) *The legal representative is the legal person responsible for the company.*

*(4) Email address used for electronic invoicing.*

**SHEET 003 B**

**NF-ROB-GAZ MARK**

**GENERAL INFORMATION SHEET (for flat sealing gaskets)**

**APPLICANT / HOLDER:**

- Company name:

- Address :

- Country: Website:

- Intracommunity VAT number: SIRET number (1): APE code (2):

- Quality system certification:

- Name and capacity of the legal representative (3):

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

- Tel.: Email address (4):

**BILLING ADDRESS (if different from applicant/holder):**

- Company name:

- Address :

- Country :

- Intracommunity VAT number: SIRET number (1): APE code (2):

- Name and position of the correspondent:

- Tel.: Email address (4):

**MIXING UNIT (if different from applicant/holder):**

- Company name:

- Address :

- Country: Website:

- Quality system certification:

- Name and capacity of the legal representative (3):

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

- Tel.: Email address:

**MOLDING, EXTRUSION, VULCANIZATION UNIT (if different from the applicant/holder):**

- Company name:

- Address :

- Country: Website:

- Quality system certification:

- Name and capacity of the legal representative (3):

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

- Tel.: Email address:

**CUTTING UNIT, FINAL PACKAGING (if different from the applicant/holder):**

- Company name:

- Address :

- Country: Website:

- Quality system certification:

- Name and capacity of the legal representative (3):

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

- Tel.: Email address:

**AGENT IN THE EEA/EFTA (if requested):**

- Company name:

- Address :

- Country: Website:

- Intracommunity VAT number: SIRET number (1): APE code (2):

- Name and capacity of the legal representative (3):

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

- Tel.: Email address (4):

(1) and (2) *Only for French companies.*  (3) *The legal representative is the legal person responsible for the company.*

*(4) Email address used for electronic invoicing.*

**SHEET 003 C**

**NF-ROB-GAZ MARK**

**STANDARD LETTER FOR AGENT**

**AGENT IN THE EEA/EFTA:**

Mr. Director General,

I authorize the Company identified below as my agent to represent me on French territory for all questions relating to the use of the NF ROB-GAZ mark. I undertake to immediately notify CERTIGAZ of any new designation of the representative designated below.

- Company name:

- Address :

- Country: Website:

- Intracommunity VAT number: SIRET number (1): APE code (2):

- Name and capacity of the legal representative (3):

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

- Tel.: Email address (4):

I request in this regard that the costs I am responsible for to be invoiced directly to them. They will ensure payment on my behalf and in my name, upon receipt of the invoices, as they undertake to do when accepting the representation.

Please accept, Mr. Director General, the expression of my highest consideration.

|  |  |
| --- | --- |
| **Date, name and signature of the legal representative (3) of the applicant/holder preceded by the handwritten note " *Good for representation* "** | **Date, name and signature of the representative in Europe preceded by the handwritten note " *Good for acceptance of representation* "** |

(1) and (2) *Only for French companies.*  (3) *The legal representative is the legal person responsible for the company.*

*(4) Email address used for electronic invoicing.*

**SHEET 005**

**NF ROB-GAZ MARK**

**TECHNICAL FILE MODEL**

The technical file must be composed of at least the following elements. It may be supplemented in particular by quality plans, control plans, and a quality manual.

The elements of the technical file are organized in the order defined below.

This file can be communicated to CERTIGAZ in electronic format (in PDF format) on the condition that all these elements are contained **in a single PDF file** with a summary .

1. – General plans
2. – Nomenclature (if necessary)
3. – Detailed plans of all components (taking care to precisely define the materials used)
4. – Marking plan
5. – Definition of the codification of the batch number indicated on the certified product
6. – Instructions (installation, use, as appropriate)
7. – Packaging
8. – Certificate of approval or test report for elastomers (in particular if compliance with standard NF EN 549 is required)
9. – Certificate of approval or test report for sealing products (in particular if compliance with standard NF EN 751 is required)
10. – Certificate of approval or test report for lubricants (in particular if compliance with standard NF EN 377 is required)
11. – Certificate of conformity of the materials used (standard document certificate 3.1 of standard NF EN 10204)