**MODEL 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 drawn up on the applicant’s letterhead)**

**CERTIGAZ**

**Managing Director**

**1 rue du Général Leclerc**

**CS 60254**

**F-92047 Paris La Défense CEDEX**

Subject: **NF ROB-GAZ MARK**

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

Dear Sir/Madam,

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(s)>**

In this respect, I hereby 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 comply with, throughout the period of use of the NF Mark, all of these rules available on the CERTIGAZ website and provided on request by CERTIGAZ.

I undertake to settle, upon receipt of the invoices, the costs that are at our expense. The rates are available on the CERTIGAZ website and may be requested from CERTIGAZ.

<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 ROB-GAZ Mark.

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

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

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

>

Yours faithfully,

**Date and signature**

**of the legal representative**

**of the applicant (compulsory)**

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

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

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

**MODEL 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 drawn up on the applicant’s letterhead)**

**CERTIGAZ**

**Managing Director**

**1 rue du Général Leclerc**

**CS 60254**

**F-92047 Paris La Défense CEDEX**

Subject: **NF ROB-GAZ**

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

Dear Sir/Madam,

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

* name of product/product range:
* reference normative document:
* manufacturing entity: *(<company name> <address>)*
* trademark and trade reference:
* certificate number: *(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/product range manufactured by my company, deriving from the product already NF certified **< ROB certificate no. ……>** 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 under the same conditions.

In this respect, I hereby 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 comply with, throughout the period of use of the NF Mark, all of these rules available on the CERTIGAZ website and provided on request by CERTIGAZ.

I undertake to settle, upon receipt of the invoices, the costs that are at our expense. The rates are available on the CERTIGAZ website and may be requested from CERTIGAZ.

Yours faithfully,

**Date and signature**

**of the legal representative**

**of the holder**

**MODEL 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 drawn up on the applicant’s letterhead)**

**CERTIGAZ**

**Managing Director**

**1 rue du Général Leclerc**

**CS 60254**

**F-92047 Paris La Défense CEDEX**

Subject: **NF ROB-GAZ**

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

Dear Sir/Madam,

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 trademarks affixed thereto and in design changes which do not alter their certified characteristics in any way whatsoever.

This application concerns:

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

The trade name requested by the distributor is:

* 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 NF certified and manufactured under the same conditions.

In this respect, I hereby 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 comply with, throughout the period of use of the NF Mark, all of these rules available on the CERTIGAZ website and provided on request by CERTIGAZ.

I undertake to settle, upon receipt of the invoices, the costs that are at our expense. The rates are available on the CERTIGAZ website and may be requested from CERTIGAZ.

Yours faithfully,

**Date and signature**

**of the legal representative**

**of the applicant**

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

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

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

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

**MODEL LETTER 001 H**

**NF ROB-GAZ MARK**

**APPLICATION FORM FOR NF ACCESSORY APPROVAL**

**FOR A NEW PRODUCT (ADMISSION)**

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

**CERTIGAZ**

**Managing Director**

**1 rue du Général Leclerc**

**CS 60254**

**F-92047 Paris La Défense CEDEX**

Subject: **NF ROB-GAZ MARK**

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

Dear Sir/Madam,

I would like to apply for NF ROB-GAZ approval for the following product:

**<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 as well as the NF ROB-GAZ Certification Rules and undertake to comply with, throughout the period of use of the NF Mark, all of these rules available on the CERTIGAZ website and provided on request by CERTIGAZ.

I undertake to settle, upon receipt of the invoices, the costs that are at our expense. The rates are available on the CERTIGAZ website and may be requested from CERTIGAZ.

<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 ROB-GAZ Mark.

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

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

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

>

Yours faithfully,

**Date and signature**

**of the legal representative**

**of the applicant (compulsory)**

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

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

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

**MODEL LETTER 002 AH**

**NF ROB-GAZ MARK**

**APPLICATION FORM FOR EXTENSION OF NF ACCESSORY APPROVAL**

**FOR A MODIFIED PRODUCT**

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

**CERTIGAZ**

**Managing Director**

**1 rue du Général Leclerc**

**CS 60254**

**F-92047 Paris La Défense CEDEX**

Subject: **NF ROB-GAZ**

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

Dear Sir/Madam,

As a holder of the NF approval for the product manufactured by my company under the following reference:

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

I would like to apply for the NF approval for the product(s) manufactured by my company, deriving from the product already NF approved **< ROB certificate no. ……>** 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 product/product range that are already NF approved and manufactured under the same conditions.

In this respect, I hereby 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 comply with, throughout the period of use of the NF Mark, all of these rules available on the CERTIGAZ website and provided on request by CERTIGAZ.

I undertake to settle, upon receipt of the invoices, the costs that are at our expense. The rates are available on the CERTIGAZ website and may be requested from CERTIGAZ.

Yours faithfully,

**Date and signature**

**of the legal representative**

**of the holder**

**MODEL LETTER 002 BH**

**NF ROB-GAZ MARK**

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

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

**CERTIGAZ**

**Managing Director**

**1 rue du Général Leclerc**

**CS 60254**

**F-92047 Paris La Défense CEDEX**

Subject: **NF ROB-GAZ**

**Application to maintain NF accessory approval**

Dear Sir/Madam,

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

This application concerns:

* the name 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:

* 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 NF approved and manufactured under the same conditions.

In this respect, I hereby 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 comply with, throughout the period of use of the NF Mark, all of these rules available on the CERTIGAZ website and provided on request by CERTIGAZ.

I undertake to settle, upon receipt of the invoices, the costs that are at our expense. The rates are available on the CERTIGAZ website and may be requested from CERTIGAZ.

Yours faithfully,

**Date and signature**

**of the legal representative**

**of the applicant**

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

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

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

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

**FORM 003 A**

**NF-ROB-GAZ MARK**

**GENERAL INFORMATION SHEET (for shut-off valves and test plugs)**

**APPLICANT/HOLDER:**

- Company name:

- Address:

- Country: Website:

- Intra-Community VAT number: SIRET no. (1): APE Code (2):

- Quality system certification:

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

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

- Tel.: Email address (4):

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

- Company name:

- Address:

- Country:

- Intra-Community VAT number: SIRET no. (1): APE Code (2):

- Name and position of the contact:

- Tel.: Email address (4):

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

- Company name:

- Address:

- Country: Website:

- Quality system certification:

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

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

- Tel.: Email address:

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

- Company name:

- Address:

- Country: Website:

- Intra-Community VAT number: SIRET no. (1): APE Code (2):

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

- Name and position of the contact (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 paperless billing.*

**FORM 003 B**

**NF-ROB-GAZ MARK**

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

**APPLICANT/HOLDER:**

- Company name:

- Address:

- Country: Website:

- Intra-Community VAT number: SIRET no. (1): APE Code (2):

- Quality system certification:

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

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

- Tel.: Email address (4):

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

- Company name:

- Address:

- Country:

- Intra-Community VAT number: SIRET no. (1): APE Code (2):

- Name and position of the contact:

- Tel.: Email address (4):

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

- Company name:

- Address:

- Country: Website:

- Quality system certification:

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

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

- Tel.: Email address:

**EXTRUSION, VULCANISATION UNIT (if different from applicant/holder):**

- Company name:

- Address:

- Country: Website:

- Quality system certification:

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

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

- Tel.: Email address:

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

- Company name:

- Address:

- Country: Website:

- Quality system certification:

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

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

- Tel.: Email address:

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

- Company name:

- Address:

- Country: Website:

- Intra-Community VAT number: SIRET no. (1): APE Code (2):

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

- Name and position of the contact (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 paperless billing.*

**FORM 003 C**

**NF-ROB-GAZ MARK**

**MODEL LETTER FOR AGENT**

**AGENT IN THE EEA/EFTA:**

Dear Sir/Madam,

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

- Company name:

- Address:

- Country: Website:

- Intra-Community VAT number: SIRET no. (1): APE Code (2):

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

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

- Tel.: Email address (4):

I consequently request that the expenses that are to be borne by me be invoiced directly to the said representative. This representative will ensure the 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 (3) 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) and (2) *Only for French companies.* (3) *The legal representative is the legal person responsible for the company*.

*(4) Email address used for paperless billing.*

**FORM 005**

**NF ROB-GAZ MARK**

**MODEL OF TECHNICAL FILE**

The technical file shall include as a minimum the following items. It may be supplemented by quality plans, control plans, quality manual.

The technical file items are organised in the order defined below.

This file can be sent to CERTIGAZ in electronic form (PDF) provided that all these items are contained **in a single PDF** file with a table of contents.

1. – Overall drawings
2. – Parts list (if necessary)
3. – Detailed drawings of all of the components (making sure to accurately define the materials used)
4. – Marking plan
5. – Definition of the codification of the batch number on the certified product
6. – Manual (installation, use, as applicable)
7. – Packaging
8. – Approval certificate or test report for elastomers (particularly if compliance application with standard NF EN 549)
9. – Approval certificate or test report for sealing products (particularly if compliance application with NF EN 751)
10. – Approval certificate or test report for lubricants (particularly if compliance application with NF EN 377)
11. – Compliance certificate for the materials used (certificate type document 3.1 of standard NF EN 10204)