

Application for type approval pursuant to the German X-ray Ordinance (RöV)

Administrative details

The personal data provided (such as name, address, email address) are processed by the Federal Office for Radiation Protection as part of the processing of your application. Further information, in particular regarding to your rights associated with the use of this data, is included in the Privacy Statement at www.bfs.de.

To be submitted in single copy to: Bundesamt für Strahlenschutz, Bauartzulassungen, Postfach 10 01 49, 38201 Salzgitter, Germany (contact: bauartzulassung@bfs.de)

1. Applicant

1.1 Company, address, contact person (including email and phone number)

	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor
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1.2 References

Actual copy of an excerpt from the commercial register (register of companies) <input type="checkbox"/> has been submitted to BfS in a former procedure file number / reference number _____ <input type="checkbox"/> is enclosed in this application registered company number / local court / date of the copy _____
Representative of the applicant (e.g. managing director / holder of a power of attorney) Last name, first name _____ date of birth _____ Certificate of good conduct to be presented to the public authorities pursuant to Article 30 para. 5 of the Federal Central Register Act: <input type="checkbox"/> has been submitted to BfS in a former procedure (must not be older than 2 years) file number / reference number _____ <input type="checkbox"/> will be applied for at the competent authority after the procedure has been initiated

2. Manufacturer of the appliance

2.1 Company, address (if different from 1.1)

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2.2 Person in charge of technical management of production

Last name, first name _____ date of birth _____

References of knowledge and technical experience
(area of responsibility / qualification):

Copies enclosed

3. Quality control pursuant to Article 9 RöV

3.1 Appointment of qualified experts for supervising quality control

1. Last name, first name _____ date of birth _____

2. Last name, first name _____ date of birth _____

(Please delete where inapplicable)

Above designated person / persons will perform the task as a

- qualified expert on the equipment manufacturer's premises
- qualified expert on the distributor's premises
- independent qualified expert on behalf of the applicant (holder of type approval)

References of knowledge and technical experience (educational background, professional experience, area of responsibility, attendance of radiation protection training, if applicable)

Copies enclosed

Declaration of the applicant:

The recommended expert/s to be appointed by BfS who will be responsible for supervising quality control has/have sufficient technical knowledge and professional expertise to embrace the responsibility assigned to him/her.

We hereby confirm that he/she will be independent and free of instructions from superiors when acting as a qualified expert.

3.2 Quality assurance / quality control concept

Manufacturer of the appliance holds ISO 9001 certificate: _____
valid until _____

Copy enclosed.

Submission of a quality control concept describing the control measures used to ensure compliance with the radiation protection-relevant features of the appliance.

Concept and documents (e.g. corresponding extract from the quality management manual) are enclosed

Further information:

Date

Signature and company stamp