

**APPLICATION FORM FOR EN 15085 CERTIFICATION****BVTUR-IND-F-056 Rev02****21.02.2023****Sayfa: 1 / 4****COMPANY NAME:****APPLICATION DATE:****Client Information**

Client Address:

Location 1:

Location 2:

Location 3:

Tax Office:

Tax Number:

Web Address:

Phone:

Fax:

E-mail:

Total Number of
Employees:Total Number of
Welders:Number of
Branches to be
Audited (*)

(*) Please indicate separately for locations or sub-contractors if more than one.

Relevant contact/duty/contact information

Scope of Application

Application Type :

 First Application Due to expiration of the current certificate Due to changes in following conditions;

EN 15085-2 Certification Level

 CL 1 CL 2 CL 3

Type of activity

 Design Production Maintenance Purchase and supplyWeld performance classes (CP)
according to EN 15085-3 CP B2 CP C2 CP C3 CP DIssued by:
BV-TURBureau Veritas Gözetim Hizmetleri
Esas Maltepe Ofisspark Maltepe / İstanbul Tel:+90216518 4050 - Fax: +90216518 3900

**APPLICATION FORM FOR EN 15085 CERTIFICATION****BVTUR-IND-F-056 Rev02****21.02.2023****Sayfa: 2 / 4****COMPANY NAME:****APPLICATION DATE:**Scope and Standard of
Production
(Identification of products in
manufacturing):

-
- Product
-
- Based
-
-
-
- Mass
-
- Production

Client Quality System and Manufacturing Information**Quality Certificates of Manufacturer (ISO 9001, EN ISO 3834 etc.);**

Certificate	Publisher	Publish Date	Last Valid Date

Responsible Welding Coordination Personnel Names and Qualifications:	<input type="checkbox"/> Company Employee <input type="checkbox"/> Outsource (Number of companies it serves ...)	Welding coordinators with comprehensive technical knowledge (Level A) <input type="checkbox"/>
		Welding coordinators with specific technical knowledge (Level B) <input type="checkbox"/>
		Welding coordinators with basic technical knowledge (Level C) <input type="checkbox"/>

Deputy Responsible Welding Coordination Personnel Names and Qualifications:	<input type="checkbox"/> Company Employee <input type="checkbox"/> Outsource (Number of companies it serves ...)
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Please send organizational chart of unit which contains welding coordination and job definitions of responsible welding coordination personnel as an attachment to this form.

Certified Welder, Welding Operator and PQR Standard:	
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**APPLICATION FORM FOR EN 15085 CERTIFICATION****BVTUR-IND-F-056 Rev02****21.02.2023****Sayfa: 3 / 4****COMPANY NAME:****APPLICATION DATE:**

Is there any heat treatment application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What are the activities usually sub-contracted?		
Maximum product range and size which is being manufactured by manufacturer ?	Maximum Weight:	
	Maximum Size:	
Weldable parent materials and thickness range (It must be referred to the relevant groups which are indicated in CEN ISO/TR 15608 standard):	Parent Materials:	Thickness Range:
Welding processes which are used in manufacturing (EN ISO 4063) and connected processes (i.e.; cutting, thermal cutting etc.)	Welding Processes:	Connected Processes:
Content of Welding Coordination Procedure:		
Authorized Manager	Name-Surname:	
	Application Date:	
	Signature and Company Stamp	

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APPLICATION FORM FOR EN 15085 CERTIFICATION

BVTUR-IND-F-056 Rev02

21.02.2023

Sayfa: 4 / 4

COMPANY NAME:

APPLICATION DATE:

BU SAYFA BUREAU VERITAS GÖZETİM HİZMETLERİ TARAFINDAN DOLDURULACAKTIR.

Başvurunun Değerlendirilmesi:

1. Is information relevant to Client and Product enough for certification process?
 Yes No
2. Is it agreed with no conflict between Client and BVGH about relevant standard or mandatory document necessity?
 Yes No
3. Is certification scope identified clearly?
 Yes No
4. Is instrumentation available for performing evaluation activities?
 Yes No
5. Does BVGH have the necessary competence and capability to carry out the certification activity?
 Yes No
6. Is BVGH experienced in the scope requested for certification? (If it is not experienced, a justified decision must be made)
 Yes No Justified Decision

All of the above questions are marked as "Yes" or "Justified Decision" for question 6, and there are no obstacles to the provision of the service under the application.

If the application is approved, the audit durations will be as below. (ref: IND-PC032-TR table)

Certification: ____ man/day

Periodic Surveillance: ____ man/day

The application for certification has been rejected because at least one of the above questions is marked as "No".

Technical Manager	Date
(Name, signature)	

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