



Hungarian Asphalt
Pavement Association

REQUEST FOR COMPLIANCE CERTIFICATION OF FACTORY PRODUCTION CONTROL

H-01
13.10.2014
Page: 1/2

H-1119 Budapest, Etele út 59-61. ☎+36-1-782 1893
email: info@hapa.hu www.hapa.hu

Filing number: ____/____.
To be filled in by the Certification Office

For issuance For maintenance For extension For restriction
(Please indicate as appropriate)

A. Data of the applicant

Full name of the applicant: _____
 Short name of the applicant: _____
 Company registration number: _____
 Name/position of responsible managers: _____
 Registered office: _____
 Statistical reference number: _____
 Tax number: _____
 Bank account number: _____
 Telephone: _____
 Fax: _____
 Email: _____

B. Data of the factory producing the product(s)

Name of the factory: _____
 Address: _____
 Name of the factory manager: _____
 Telephone: _____
 Fax: _____
 Mobile: _____
 Email: _____

C. Contact details of the contact person

Name: _____
 Position: _____
 Telephone: _____
 Fax: _____
 Mobile: _____
 Email: _____

I hereby authorise the Hungarian Asphalt Pavement Association Certification Office to use the above data in the course of factory production control compliance certification.

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D. Data of the product(s)

Product name	Technical specifications of the product	System

1. According to the relevant technical specifications _ _ _ instances¹ of assessment and compliance certification of our factory production control system is hereby requested.
2. The first type tests/examinations corresponding to the product(s) have been carried out.
3. The above factory previously received/did not receive² factory production control certification from other organisations.
If the factory has already received certification, kindly attach a copy of the certificate to the request.
4. I hereby declare that the I have understood and acknowledged the Certification Policy and other conditions of factory production control compliance certification of the Hungarian Asphalt Pavement Association Certification Office, available on the HAPA website.

-----, _ _ day, _ _ month, 20__ year.

Authorised signature on behalf of the applicant:

Stamp

Name -----
Signature

¹ kindly write the appropriate number in the dotted space above
² kindly delete as appropriate