

APPLICATION FORM INSTALLATIONS

1. APPLICANT

Company Name:

Address:

Phone: Telefax: --

VAT no.: --

Contact Name:

Phone: +

E-mail:

2. OWNER

Company name:(if it is different)

Address:

Phone:

Telefax:

VAT no.:

Contact Name:

Phone:

Telefax:

E-mail:

3. DESCRIPTION OF INSTALLATION

Number of installations:

Type of installations:

Nominal power:

Type of MPE

MPE has CAMGE:

MPE has PPC:

4. REQUESTED SERVICE

Certification process of installation according to regulation:

Norma Técnica de Supervisión de la conformidad de los módulos de generación de electricidad según el Reglamento UE 2016/631. (NTS-631 v1). Revisión 1.0 del 18 de Julio de 2019+CORR octubre 2019.

Se solicita la evaluación de los requisitos opcionales 5.6 y 5.13 de la NTS? NO SI Indicar cual de ambos o ambos:

5. INVOICING

The invoice will be sent to Applicant Manufacturer

6. APPLICANT STATEMENT

I/ we declare:

1. That for the certification process it will be guaranteed to CERE that all the information given that it will be included in the certification process is true.
2. Than we not work before with ASTROM. In case of works before with ASTROM describe the project:

7. APPLICANT SIGN

Place and date:

Applicant seal:

Applicant sign:

The applicant must be sent back signed to the following address by email or fax:

Att:

Laura Viejobueno

e-mail: laura.viejobueno@cer certification.com

Miguel Beltrán:

e-mail: miguel.beltran@cer certification.com

Or by post mail to:

Certification Entity For Renewable Energies, S.L.

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