

REGULATORY AFFAIRS DIRECTORATE

APPLICATION FORM FOR AUTHORISED CONFORMITY ASSESSMENT
BODIES FOR LIFTS

CONFIDENTIAL

Complete in typeface of block letters.
Please cross (X) the appropriate boxes.

AUTHORITY USE ONLY

Date received

Please read carefully the notices on page 4.

SECTION 1: DETAILS OF APPLICANT BODY

Part I

Date of application:

- Please indicate if this is:
- A first declaration.
- An application for renewal in view of expiry of the original declaration.
- A request for withdrawal of the original declaration.

Part II

Name of the organisation:

Legal status of the
organisation:

First name and surname
of the authorised
signatory:

Address of the
organisation:

Email address:

Contact no.:

Fax no.:

Contact person:

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SECTION 2: DECLARATION

1. The body detailed in this application form applies for approval as an Authorised Conformity Assessment Body for lifts as defined in the 'Inspection of Lifts Regulations' (LN 231 of 2007).
2. I am aware of the requirements of the 'Method for Designating Conformity Assessment Bodies Regulations' (LN 136 of 2003).
3. I understand the manner in which the thorough examinations and preventive inspections function as per 'Inspection of Lifts Regulations' (LN 231 of 2007).
4. I understand that the Technical Regulations Division will charge for all relevant work undertaken in processing this application (details on charges will be provided on request) and I understand that I will undertake to accept and pay incurred charges.
5. I understand that a new form (TRD301) must be completed when a change in the body is required.
6. I understand that after that the applicant submits this application, the Technical Regulations Division may make an assessment visit to the applicant's head office or any other locations where the activities relevant to the procedure are performed and may also ask for further evidence.
7. I understand that after that the applicant submits this application, the Technical Regulations Division may ask for any other documentation that may be pertinent to the processing of this application.
8. I understand that the designation for the operation as an authorised conformity assessment body may be withdrawn by decision of the Technical Regulations Division.
9. I understand that this designation is to be renewed every three years, by informing in writing the Technical Regulations Division and paying a subscription fee at the commencement of every three years (details on charges will be provided on request).
10. I declare that I am authorised to act on behalf of the applicant organisation.
11. I declare that the information contained herein is correct and accurate to the best of my knowledge and belief.
12. I confirm that I have attached all relevant documents with this application form.

Please note that this notification form must be accompanied by the following documents:

Document Title	Authority use only Reference Number
1. <i>Document from a Court registry and/or Court record;</i>	
2. <i>Copy of the Insurance Policy covering the local activities;</i>	
3. <i>Balance sheets for the last three years;</i>	
4. <i>Certificate stating that the body is not bankrupt, in liquidation, being wound up, in official receivership, in bankruptcy proceedings or in a similar situation arising from legal provisions;</i>	

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5. <i>Certificate stating that the body is not in proceedings for bankruptcy, official receivership, creditor arrangements or other similar proceeding under legal provisions;</i>	
6. <i>A recent certificate of conduct issued by the Police or other competent authority not earlier than 6 months from the date of application of the managing director, company secretary or equivalent in other cases and/or authorised signatory;</i>	

continued overleaf

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7. A copy of the accreditation certificate issued by the National Accreditation Board – Malta (NAB-MALTA), or by another National Accreditation body recognized by the Technical Regulations Division as per Schedule II(B) of the ‘Method for Designating Conformity Assessment Bodies Regulations’ (LN 136 of 2003);	
8. A portrayal of the organisational structure complimented with a description of relations between individual organisational units and data on the activities that could affect the impartiality of work;	
9. Description of the technical and staff capacities;	
10. A copy of the academic certificates and training records of the managing director and the personnel involved in the preventive inspections and thorough examinations of lifts;	
11. Details of facilities and equipment to perform all relevant tasks connected with verification.	

Signature

Date

Full name and Position in the organisation of
the authorised signatory

Place

SECTION 3: DATA PROTECTION

Personal information provided in your application is protected under the Data Protection Act (Chapter 440 of the Laws of Malta). The Malta Competition and Consumer Affairs Authority will process your personal data in accordance with the provisions of the Data Protection Act for licensing and administrative purposes and to comply with the Authority’s legal obligations. Upon approval of your application, the Authority, occasionally, may use your personal information.

DATA PROTECTION DECLARATION

I, hereby acknowledge that I have read, understood and agree to the above data protection statement.

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Signature	Full name	Date
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IMPORTANT NOTICE

1. This document shall not affect liability, obligations, responsibility and rights of any party arising out of legislation currently in force. All personal information about the submitting entity in this form will be held by MCCA in accordance with the Data Protection Act, 2001.
2. Please post the completed form and documents to:
*Director General
Regulatory Affairs Directorate
Technical Regulations Division
Malta Competition and Consumer Affairs Authority
Mizzi House, National Road
Blata I-Bajda, #MR 9010
Malta*
or via email to:
helpdesk.mccaa@mccaa.org.mt
3. For any other information kindly contact the MCCA.