

Application Form for Authorised Representative Medical Devices Regulation (EU) 2017/745 (MDR)



BZT-TCP Certification GmbH

**Unter den Fichten 3, 15754 Kolberg b. Berlin, Germany phone:
+49 (0)33631 59089 e-mail: services@bzt-ar.com**

Manufacturer ID:

BZT Order Number:

Manufacturer Details

Company name:

Street/Number/Suite:

Postal Code/City:

Province/State/Country:

Contact:

Phone:

Email:

Web:

Notified Body

Company name:

Street/Number/Suite:

Postal Code/City:

Province/State/Country:

Contact:

Phone:

Email:

Web:

A copy of the power of attorney is enclosed if a Notified Body lodges the application Yes n/a

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Manufacturer ID:

BZT Order Number:

Distributor Details (if known)

Company name:

Street/Number/Suite:

Postal Code/City:

Province/State/Country:

Contact:

Phone:

Email:

Web:

Importer Details (if known)

Company name:

Street/Number/Suite:

Postal Code/City:

Province/State/Country:

Contact:

Phone:

Email:

Web:

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**Unter den Fichten 3, 15754 Kolberg b. Berlin, Germany phone:
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Device Name:

Device Description:

Order Details	File Package	Silver	Gold
MDR - Class (MDR-ANNEX VIII):	Class I, IIa, IIb, III:		
Technical Documentation Review:	Number of devices/kits:		
Submission to EU Authorities:	Number of devices/kits:		
BZT EU-AR Certificate:	Number of devices/kits:		
EUDAMED Registration:	Number of devices/kits:		
EUDAMED Performance Study:	Number of studies:		
Additional Copies of Certificates:	Number of copies:		
Consultancy Services (optional):			
Testing Services (optional):			

The undersigned will comply with all terms of the MDR and in further accepts the General Terms and Conditions of Business of the BCT-TCP Certification GmbH.

The undersigned understand the BZT services are on a pre-paid basis and the services will start only after the payment is received at the BZT bank account.

Name of undersigned:

Business title:

Place:

Date:

Company stamp:

Signature: _____