

1. Information about the applicant

<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> diverse	Title			Telephone		
Surname				Billing address, if it differs from your home address on the left (e.g. Company, other person or a secondary address):		
Forename				Invoice recipient (company, department if applicable)		
Birth-date						
Street House no.				Street House no.		
Zip Code, City				Zip Code, City		
Land				Land		
Email				Invoice by e-mail to		
<input type="checkbox"/> The billing address does not correspond to the delivery address for the info letter / certificate.						

2. Information on the currently available certification

Title of the current certificate:

Current certificate number:

Validity of the current certificate:

3. Information on the fulfilment of the recertification / admission requirements

Please note the conditions and requirements according to the product-specific Testing and Certification Regulations (PZO) for participation in a recertification. You can easily download this information from the [website of DEKRA Certification GmbH \(DCG\)](#) within the respective product. Please attach the required evidence described there to the application for recertification.

4. DEKRA seal

- ☐ Order a NiSV-DEKRA seal for a fee (see product-specific PZO for costs), free seals (data protection, expert services) are automatically included.

5. Applicable documents / declaration

The following documents of the DCG apply, which I have taken note of and acknowledge:



[General Terms and Conditions \(D-030-18\) General Certification Terms and Conditions \(D-030-19\) Privacy Policy \(D-250-03\)](#)

Examination and certification regulations (PZO) corresponding to the product

With **my** signature, I **am registering bindingly** for the above-mentioned recertification.

I am aware that **fees** must be paid for testing and recertification in accordance with the PZO for the respective product. If a recertification procedure has begun, the fee must be paid in full.

I assure that all documents and information requested and submitted with this application are truthful and complete.

I will inform the DCG immediately if the information provided above changes before the end of the examination procedure.

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Date

Signature of the applicant

Please use a scanned signature or a digital signature. Your "typed" name cannot be recognized as a signature!