



UIAA SAFETY LABEL

application/termination form

version 11-2007



Please fill in the form completely and do not forget to sign it. You can either scan this form and subsequently e-mail it, including the required attachments, to the UIAA Safety Label Administrator: **labels [at] safcom.nl** or fax a hardcopy to +31 84747 2992.

Required attachments:

For a new Safety Label:

- For each product: A test report from a UIAA approved Test Laboratory, stating that the product conforms to the relevant UIAA Standard.
- In case of multiple simultaneous applications, please fill in the product information in the Safety Label application data Excel sheet and add a print of the datasheet to this form.

For prospective trade members also add:

- A digital file of your company logo for display on the UIAA website
- If applicable: A copy of your current ISO 9001:2000 certificate(s).

Please tick what is applicable:

- Our company is an existing Label holder and Trade Member of the UIAA Safety Commission. Any recent changes in company details or contact persons will be noted on the next page.
- Our company wants to become Label holder and Trade Member of the UIAA Safety Commission. All necessary details about our company and contact persons will be supplied on the next page.

We apply for:

- A new UIAA Safety Label, certification period starting on next January 1st
- A new UIAA Safety Label, certification period starting immediately (extra charge € 50,00)

We want to withdraw a Safety Label because of

- Termination of manufacture of the product
- The product no longer conforms to the relevant UIAA Standard
- Other reasons, notably: _____

Information on the person completing this form

Company name	
Your full name	
Your position	
Your e-mail address	

Product information In case of multiple simultaneous applications, please add the corresponding Excel file.

Relevant UIAA Standard number and name	<i>check www.uiaa.ch/?c=310</i>	
Product number		
Product name		
Product description	<i>type of rope, karabiner type etc.</i>	
Products size	<i>if applicable, like length of sling</i>	
Manufactured by	<i>actual manufacturer</i>	
Test laboratory name		
Test report number & date	<i>or CE certificate nr</i>	<i>date</i>
Safety Label certificate number	<i>only in case of termination</i>	

Fill in the table below - only for new Trade Members or in case of changes			
Company details			
Full company name			
Brand name			
Address, postal code, city, country			
General phone and fax number			
General e-mail address			
Website address			
ISO-9001:2000	YES / NO	Start date:	Expiry date:
Administrative contact - will receive the certificates, renewals and invoices			
Title and full name			
Job title/position			
E-mail address			
Direct phone			
Address (if different from company)			
Technical contacts - technical information, will receive invitation for annual meeting: max. 2 persons			
Title and full name			
Job title/position			
E-mail address			
Direct phone			
Address (if different from company)			

Please tick what is applicable:

- New application: I accept responsibility for the information on this form and confirm that the product named above has been tested on the date indicated above and conforms to the above named UIAA standard. Our company will comply with the General Regulations for the UIAA Safety Label.
- Termination: I accept responsibility for the information on this form and confirm that we no longer require the UIAA Safety Label for the above named product and have ceased to use the UIAA name and Safety Label logo for this product.

Date:

Your signature:

Thank you for your application!