

## Request for certification as per ECM Implementing Regulation (EU) 2019/779

- Initial certification   
  Recertification   
  Monitoring audit  
 Extended monitoring audit

1. Information on the certification body			
VPI European Rail Service GmbH Mattentwiete 5 20457 Hamburg  Identification number of the certification body (CB): DE/30/0123/0002			
2. Information on the requester			
2.1. Name and address of the requester:			
2.2. Name and address of the workshop / external stations / subsidiaries: (Please fill out a certification request for each additional external station.)			
2.3. Number of employees at the workshop / external station:			
2.4. Contact person:	2.5. Invoice address:		
2.6. Email:	2.7. VAT ID No.:		
2.8. Telephone:	2.9. Mobile:		
2.10. Operational functions:	Yes	Partially*	No
F1: Maintenance management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F2: Maintenance development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F3: Fleet maintenance management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F4: Maintenance delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>*For partial performance of maintenance functions, the requirements as per Annex II of Implementing Regulation 2019/779 that are to apply for the certification must be indicated.</small>			

<b>2.11. Type of company:</b> <input type="checkbox"/> Keeper <input type="checkbox"/> Service provider <input type="checkbox"/> Railway undertaking (RU) <input type="checkbox"/> Manufacturer <input type="checkbox"/> Maintenance provider level 2 (mobile service) <input type="checkbox"/> Maintenance provider level 3 (fixed location) <input type="checkbox"/> Maintenance provider level 4 (revisions) <input type="checkbox"/> Maintenance provider level 5 (modifications)	
<b>2.12. Vehicle categories under the responsibility of the ECM</b> <input type="checkbox"/> Freight wagons <input type="checkbox"/> Other, please specify:	
<b>2.13. Wagons specifically for the transport of hazardous goods:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2.14. Existing certifications</b>	
<b>2.14.1. Previous certifier:</b>  	
<b>2.14.2. Initial certification on:</b>  	<b>2.14.3. Transfer with:</b> <input type="checkbox"/> Monitoring audit <input type="checkbox"/> Recertification audit
<b>2.14.4. The last audit before the potential transfer will be / was on:</b>  	
<b>2.14.5. Certificate valid until:</b>  <p>Please send us the last valid certificate for creation of the offer!</p>	
<b>3. Additional information</b>	
<b>3.1. Requested date:</b>  	
<b>3.2. Were consulting services provided with respect to an ECM certification?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, by whom:</b>	

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Date, company stamp / signature