

Request for certification(s)*

Company (requester):	
<input type="checkbox"/> Requester is not certification location!	Company size: (number of employees)
Address of the requester:	
Contact person:	Email:
Telephone:	Mobile:
Invoice address:	Email for invoicing:
	VAT ID No.:
<input type="checkbox"/> We accept the General Terms and Conditions of VERS (published on the website under General Terms and Conditions [German])	

(please check all that apply)

- ☐ Request for technical assessment (TA)
(Please fill out attachment 1**)
- ☐ Request for certification as per ECM Implementing Regulation (EU) 2019/779
☐ On behalf of VERS (please fill out attachment 2A**) ☐ On behalf of ERC (please fill out attachment 2B**)
- ☐ Request for certification as per ISO 9001:2015
On behalf of DVS ZERT (please fill out attachment 3**)
- ☐ Request for operational evaluation as per EN 15085-2 (welding) – **as of 2025**
On behalf of DVS ZERT (please fill out attachment 4**)

* The certification is largely conducted by auditors of VERS.
The billing takes place exclusively through VERS.

** The requests to the respective certification associations must be filled out separately and submitted together with this request form to: audit@vpi-vers.eu

A certification in the corresponding areas (attachment 2–4) can also be requested directly from the named certification associations.