

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

**Initial certification**

**Recertification**

**Monitoring audit**

**Extended monitoring audit**

<b>1. Information on the certification body</b>				
VPI European Rail Service GmbH Mattentwiete 5 20457 Hamburg  Identification number of the certification body (CB): DE/30/0123/0002				
<b>2. Information on the requester</b>				
<b>2.1. Name and address of the requester:</b>				
<b>2.2. Name and address of the workshop / external stations / subsidiaries:</b> (Please fill out a certification request for each additional external station)				
<b>2.3. Number of employees at the workshop / external station:</b>	<b>2.4. Invoice address:</b>			
<b>2.5. VAT ID No.:</b>				
<b>2.6. CR-Number:</b>				
<b>2.7. Contact person:</b>	<b>2.8. E-Mail:</b>			
<b>2.9. Telephone:</b>	<b>2.10. Mobile:</b>			
<b>2.11. Operational functions:</b>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="text-align: center; width: 20%;"><b>Yes</b></td> <td style="text-align: center; width: 20%;"><b>No</b></td> </tr> </table>			<b>Yes</b>	<b>No</b>
	<b>Yes</b>	<b>No</b>		
<b>F1: Maintenance management</b>				
<b>F2: Maintenance development</b>				
<b>F3: Fleet maintenance management</b>				
<b>F4: Maintenance delivery</b>				

<b>2.12. Type of company:</b>  Keeper      Service provider      Railway undertaking (RU)      Manufacturer  Maintenance provider level 2 (mobile service)  Maintenance provider level 3 (fixed location)  Maintenance provider level 4 (revisions)  Maintenance provider level 5 (modifications)	
<b>2.13. Vehicle categories under the responsibility of the ECM</b>  Freight wagons  Other, please specify:	
<b>2.14. Wagons specifically for the transport of hazardous goods:</b>  Yes      No	
<b>2.15. Existing certifications</b>	
<b>2.15.1. Previous certifier:</b>	
<b>2.15.2. Initial certification on:</b>	<b>2.15.3. Transfer with:</b>  Monitoring audit  Recertification audit
<b>2.15.4. The last audit before the potential transfer will be / was on:</b>	
<b>2.15.5. Certificate valid until:</b>  Please send us the last valid certificate for creation of the offer!	<b>2.15.6. Identification number of the previous certificate:</b>
<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>  Yes      No      If yes, by whom:	

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Date, company stamp / signature