**FК 7.1-3**  To

„Kontrol 94” Ltd.

Gorna Oryahovitsa

**DECLARATION**

The undersigned …………......................................................................................................................

Manager / Executive Director of the company……………………………………………………………...

………………………………………………………………………………………………………….

**I declare that:**

1. Our company has not submitted an application for initial type testing of the product/s to other notifies body.
2. Our company ensures that series production maintains of constancy of the declared performance obtained in the tests of the sample according article 11 paragraph 3 of Regulation (EC) 305/2011.
3. The presented test appliance/s fulfill/s the requirements of paragraph 4 of EN……………………...
4. No health hazardous materials have been used in the manufacture of the appliance (s).
5. The appliance/s presented for testing has/have the following technical date:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The appliance/s** | **Type of fuel** | **Regimes of com-bustion**  **of the**  **app-liance/s1)** | **Heat**  **output**  **kW** | | **Heat**  **output of**  **the boiler**  **kW** | | **Efficiency**  **%** | | **Electric power** 2**)**  **kW** | | | **Perma-nent pilot flame power require-ment**  **kW** | **Distance to adjacent combus-tible mate-rials3)**  **cm** |
| **Nominal** | **Reduced** | **Nominal** | **Reduced** | **At nominal**  **heat output** | **At reduced**  **heat output** | **At nominal**  **heat output** | **At reduced**  **heat output** | **Standby** |
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1) Regime of combustion of the appliance/s: intermittent, continuous or both.

2) The data must fill in when you mark determination of energy efficiency class according Delegated Regulation (EC) 2015/1186.

3) At side, at the rear, at the top and at the front.

1. The appliance/s presented for testing is/are representatives of the following family/ies:

|  |  |  |
| --- | --- | --- |
| **Families** | **Representatives** | **Adjacent to family** |
|  |  |  |
|  |  |  |
|  |  |  |

Declarer:...........................

/Signature /