

	<b>Nr.:</b>		<b>GP33-FO27-OFI</b>
	<b>Version:</b>	<b>1.1</b>	<b>Seite</b>
	<b>ersetzt Version:</b>	<b>1.0</b>	<b>1/2</b>

**Amendment request for existing certificates:**  
Products in contact with drinking water (DWD)

Att. to

Certification body **OFI CERT**

Franz-Grill-Straße 1, Objekt 207, 1030 Wien

Email: [ofi-cert-zi-21@ofi.at](mailto:ofi-cert-zi-21@ofi.at), Tel.: +43 1 798 16 01 – 283

Certificate holder:	
Telephone No. (Contact Person):	

We request:

☐ the **Amendment**

☐ the **Withdrawal**

of the certificate / the certificates with the number (*please state the certificate number(s)*):

with the following date:

**Changes:**

*e.g. addition / deletion of products, change of materials, change of the area of application (e.g. temperature), change of contact addresses / production sites*

**Existing documents** for requested changes / additions:

- ☐ Test reports (type examination)  
☐ Certificates  
☐ other documents

Assignment for the **type examination** for requested changes / additions:

- ☐ The type examination is applied for at **OFI**  
☐ The type examination is applied for at the body

The agreed *Conditions for issuing certificates* and the current version of the *General Terms and Conditions (GTC)* (available at <https://www.ofi.at/en>) continue to apply.

Place, Date

Legally binding signature

<b>erstellt:</b> Datum und Unterschrift	V. Thoeny 2025-03-10	<b>geprüft:</b> Datum und Unterschrift	G. Jechlinger 2025-04-18	<b>freigegeben:</b> Datum und Unterschrift	C. Spindler 2025-04-18
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	<b>Nr.:</b>		<b>GP33-FO22-OFI</b>
	<b>Version:</b>		<b>1.2</b>
	<b>ersetzt Version:</b>		<b>1.1</b>
			<b>Seite</b>
			<b>2/2</b>

**Evaluation of the amendment request for existing certificates**  
(to be completed by OFI CERT)

Criteria	fulfilled		Remarks OFI CERT
	yes	no	
Fully completed application?	<input type="checkbox"/>	<input type="checkbox"/>	
Information about the applicant / manufacturer sufficient?	<input type="checkbox"/>	<input type="checkbox"/>	
Can changes be made to the existing certificate?	<input type="checkbox"/>	<input type="checkbox"/>	

Telephone protocol or other remarks of OFI CERT (if necessary)

<b>Topic:</b>	
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**Amendment request**

is

- ☐ accepted
- ☐ declined (The applicant shall be informed of the reasons in written form)

Date:

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Ing. Mag.(FH) Günter JECHLINGER  
Head of Certification Body OFI CERT