



☐ General Audit Prolongation

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PROLONGATION REQUEST

According to Certification Scheme EURo B2101/B2501 and European Standard EN 50625

□ Surveillance Audit Prol	ongation
website for a period of four (4)	ion is not granted. An Operator shall remain Listed on the WEELABEX months following the Expiration Date, provided that the Operator has duly Consecutive General Audit and the Conformity Verification process is
The WEEELABEX Organisation	isplayed on the WEEELABEX website in red during this interim period. on makes no representation or warranty, express or implied, regarding the oplicable CENELEC standards or WEEELABEX requirements for the
Operator details:	
DOI number:	
Operator name:	
Facility address:	
Audited streams:	□ LHA □ SHA □ TEE □ FPD □ CRT □ PVP □ Lamp □ Other
	☐ Collection and/or Logistics
Prolongation period: (exact date and duration) dd/mm/yyyy	
Reason for prolongation (brief but detailed description):	

The Operator hereby proclaims:

- 1) I hereby declare that I am fully familiar with the provisions, operational requirements, and conditions set forth in the CENELEC Standard EN 50625, as issued by the European Parliament, including all applicable normative documents, as well as the requirements of the relevant European and national legislation currently in force.
- 2) I further declare that I am acquainted with the operational framework and requirements of the WEEELABEX Conformity Verification under the Certification Scheme EURo 2101/ EURo 2501, including all associated and accredited documentation governing such conformity assessments.
- 3) I undertake to ensure continuous compliance with all requirements related to the certification applied for or granted, and to provide documented evidence of such compliance upon request. This commitment shall remain in effect in the event of any amendments to accreditation or certification requirements, to which I shall promptly and fully adapt.
- 4) I further undertake to provide the certification body with full cooperation and assistance as may be reasonably required to verify ongoing compliance with applicable certification requirements, and to implement corrective actions addressing any identified non-conformities in a timely and effective manner.
- 5) I hereby acknowledge that the deadline of the prolongation request, if such request is granted, shall be determined by the WEEELABEX Office. The specified deadline shall constitute the final date by which all required audit documentation, including any amendments, clarifications, or supplementary notes, must be duly submitted to the WEEELABEX Office.

For and on behalf of the Operator:

Full name:	Position:
Contact (email):	
Date: (dd/mm/yyyy)	Signature:

Decision on behalf of WEEELABEX Office

* To be completed by an authorized representative of the WEEELABEX Office

Full name:	Position:
□ Request Approved	□ Request Not Approved
Notes on Request:	
Date (dd/mm/yyyy):	Signature: