# SOLICITUD DE TRÁMITE DE MODIFICACIÓN DE CATEGORÍAS EN EL REGISTRO DE FIRMAS DE FABRICANTES Y REPRESENTANTES (RFFR) / **REQUEST FOR A MODIFCATION OF CATEGORIES IN THE REGISTRY OF MANUFACTURERS AND AUTHORISED SIGNATURES (RFFR)**

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| 1. DATOS DE IDENTIFICACIÓN DEL SOLICITANTE 1 / **IDENTIFICATION DATA OF THE APPLICANT** *[[1]](#footnote-1)* | | |
| NOMBRE /**GIVEN NAME** |  | |
| APELLIDOS / **SURNAME** |  | |
| NÚMERO DE DOCUMENTO NACIONAL DE IDENTIDAD (DNI) O PASAPORTE / **ID OR PASSPORT NUMBER** | |  |
| CORREO / **E-MAIL** |  | |

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| 2. DATOS DE IDENTIFICACIÓN DEL FABRICANTE / **IDENTIFICATION DATA OF THE MANUFACTURER** | | | |
| RAZÓN SOCIAL / **BUSINESS NAME** |  | | |
| C.I.F. / **TAX NUMBER** |  | | |
| DOMICILIO SOCIAL / **REGISTERED OFFICE** |  | | |
| PROVINCIA / **PROVINCE** |  | MUNICIPIO / **MUNICIPALITY** |  |
| CÓDIGO POSTAL / **POSTCODE** |  | PAÍS / **COUNTRY** |  |
| TELÉFONO / **TELEPHONE NUMBER** |  | | |
| CORREO / **E-MAIL** |  | | |

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| 3. DATOS DE IDENTIFICACIÓN DEL REPRESENTANTE, SI EL FABRICANTE NO ASUME SU PROPIA REPRESENTACIÓN / **IDENTIFICATION DATA OF THE REPRESENTATIVE, IF THE MANUFACTURER DOES NOT ACT ON HIS OWN BEHALF** | | | |
| RAZÓN SOCIAL / **BUSINESS NAME** |  | | |
| C.I.F. / **TAX NUMBER** |  | | |
| DOMICILIO SOCIAL / **REGISTERED OFFICE** |  | | |
| PROVINCIA / **PROVINCE** |  | MUNICIPIO / **MUNICIPALITY** |  |
| CÓDIGO POSTAL / **POSTCODE** |  | PAÍS / **COUNTRY** |  |
| TELÉFONO / **TELEPHONE NUMBER** |  | | |
| CORREO / **E-MAIL** |  | | |

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| 4. MODIFICACIÓN DE CATEGORÍAS / **CATEGORIES TO BE MODIFIED** | | | | | | | | | | | | | | | | | | | | | |
| CATEGORÍAS PARA LAS QUE SOLICITA EL ALTA / **CATEGORIES TO BE MODIFIED** | | | | | | | | | | | | | | | | | | | | | |
| EUROPEAS / **EUROPEAN** | | 2007/46 | | | | 2018/858 | | | | | | 167/2013 | | | | | | 168/2013 | | | |
| DIRECTIVAS CE / **EC DIRECTIVES** | |  | | DIRECTIVAS CE / EC DIRECTIVES | | | | |  | | DEFENSAS (2005/66) / **FRONTAL PROTECTION** | | | | |  | DISP. ACOPLAM. (94/20) / **COUPLING DEVICES** | | | | |
| REGLAMENTOS / **REGULATIONS** | | REGLAMENTOS / **REGULATIONS** UE NNUU IH | | | | | | | | | | DISP. ACOPLAM. / **COUPLING DEVICES (R55)** | | | | | | | | | |
| NACIONALES / **NATIONAL** | | MAR | | | | | MAA | | | | | MA2 | | | | | | RA | | | |
| MTC | | | | | TCA | | | | | NKS | | | | | |  | | H. INDIVIDUAL / TYPE-APPROVAL | |
| CATEGORÍAS PARA LAS QUE SOLICITA LA BAJA / **CATEGORIES TO BE DEREGISTERED** | | | | | | | | | | | | | | | | | | | | | |
| EUROPEAS / **EUROPEAN ONES** | | | 70/156 | | | | | 2007/46 – 2018/858 | | | | | 167/2013 | | | | | | 168/2013 | | |
| DIRECTIVAS CE /  **EC DIRECTIVES** | | |  | DIRECTIVAS CE / EC DIRECTIVES | | | | | |  | DEFENSAS (2005/66) / **FRONTAL PROTECTION** | | | |  | | DISP. ACOPLAM. (94/20) / **COUPLING DEVICES** | | | | |
| REGLAMENTOS / **REGULATIONS** | | | REGLAMENTOS / **REGULATIONS** UE NNUU IH | | | | | | | | | DISP. ACOPLAM. / **COUPLING DEVICES (R55)** | | | | | | | | | |
| NACIONALES / **NATIONAL** | | | A | | BI | | B | | | | CR | DCR | | | G | | | MAR | | | RL |
| TB | | T5.I | | NKS | | | | NTSC | CI | | | BPA | | | C | | | D |
| E | | H | | MTC | | | | TCA | T51 | | | MA2 | | | CB | | | SCL |
| CU | | AUT | | C1 | | | | D1 | F | | | MAA | | | RA | | | TCA1 |
| T52 | | | | MA3 | | | | |  | | H. INDIVIDUAL / **TYPE-APPROVAL** | | | | | | | |
| DOCUMENTACIÓN APORTADA / **DOCUMENTATION PROVIDED** | | | | | | | | | | | | | | | | | | | | | |
|  | DECLARACIÓN REPRESENTANTE ÚNICO / **DECLARATION OF A SINGLE REPRESENTATIVE** | | | | | | | | | | | | | | | | | | | | |
|  | RELACIÓN DE CONTRASEÑAS DE HOMOLOGACIÓN RELATIVAS A DEFENSAS Y ACOPLAMIENTOS / **LIST OF APPROVALS RELATIVE TO PROTECTION AND COUPLING DEVICES** | | | | | | | | | | | | | | | | | | | | |

El abajo firmante, en su propio nombre o entidad que se indica, declara que todos los datos consignados son veraces y se compromete a comunicar cualquier modificación sobre dichos datos. / **THE UNDERSIGNED, ON HIS/HER OWN BEHALF OR THE ENTITY SPECIFIED, DECLARES THAT ALL THE DATA RECORDED ARE TRUE AND UNDERTAKES TO NOTIFY ANY CHANGE IN THEM.**

Lugar / **PLACE***:*

Fecha / **DATE***:*

Firma del Solicitante / **APPLICANT SIGNATURE***:*

1. Se entenderá por solicitante aquella persona física perteneciente al fabricante y con poderes de representación sobre el mismo. / *Applicant means the natural person belonging to the manufacturer and acting on their behalf.*

   Deberá aportarse documentación justificativa de esta condición. / *Documentation supporting this condition must be provided.* [↑](#footnote-ref-1)