**List No. ……..\***

(\* Number range indicated in the application - pos. 9)

**List of competences of the Applicant**

1. The following tables, 1 - 8, should be extended if necessary.
2. If the application concerns more than one scope of authorization:
	1. a separate List of competences of the Applicant should be presented for each of these scopes;
	2. numbering in the List of competences of the Applicant for each scope should be unambiguous and continued from previous attachments (listed in Tables 2 - 8);
	3. if the same attachment (listed in Tables 2 - 8) concerns various scopes, the serial number of the first in the list in which it occurs should be indicated.

**Full name of the scope of authorization covered by this list:**

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

**General characteristics of the activities of the organizational unit with particular reference to the proposed scope of authorization\*:**

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

\* The entity's statute or other equivalent document (regulating the scope of activity, e.g., an excerpt from the National Court Register in the case of companies) should be attached

 Please give an unambiguous number to this Annex / numbers to those Annexes: ………………...............................................................

**1. Highly qualified personnel engaged to carry out the work**

Table 1. List of staff at the disposal of the Applicant and capable to carry out the technical tasks related to the proposed scope of the authorization.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | First name and last name | Scientific and / or professional title / degree | Specialization in relation to the scope of authorization | Functions performed in the Applicant's unit or the nature of cooperation:  | A brief description of the tasks performed |
| name | period |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| … | … | … | … | … | … | … |

**2. Proof of expert experience of the staff**

List of expert opinions or other highly specialized works (e.g., studies, project implementations, trainings) directly related to the scope of authorization and performed for external entities. The preferred period for the creation of work is 6 years preceding the date of submission of the application. For multi-author works, please specify the percentage share of each of the authors reported in Table 1 in the preparation of the work. If it is too difficult to determine the share, equal shares of each author should be assumed. If the title of the work or is in a foreign language, please provide the translation into Polish.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | The names of the authorsand their share (%) in the preparation of the work | The title of the expert opinion /Topic of the specialist service | Brief description of the purpose and scope of the work performed | The name of the external entity and address | Date of realization | Attachment No.\* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| … | … | … | … | … | … | … |

\* For each of the above-mentioned works, confirmation is required in the form of a copy of the document confirming the performance of the expertise or work, e.g. a reference letter or acceptance / receipt protocol attached to the application.

**3. Expert knowledge of the staff confirmed by scientific achievements**

Tabel 3. List of expertise or scientific publications directly related to the scope of authorization. The preferred publication period is 8 years preceding the date of submission of the application. For multi-author works, please specify the percentage share of each of the authors reported in Table 1 in the preparation of the publication. If it is too difficult to determine the share, equal shares of each author should be assumed. If the title of the publication is in a foreign language, please also provide its translation into Polish.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | The names of the authorsand their share (%) in the preparation of the publication | Title of work (or chapter along with book title) | Title of journal (book publisher) | Dateofpublication | Attachment No.\* |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| … | … | … | … | … | … |

\*  It is required to attach a copy of each of the publications mentioned to the application. .

**4. Practical skills of personnel demonstrated by implementations and rationalization achievements**

Table 4. List of granted patents or innovative products (equipment, software, materials, technology) directly related to the scope of the authorization and implemented into commercial practice. The preferred period is 10 years preceding the date of submission of the application. For multi-author works, please specify the percentage share of each of the authors reported in Table 1 in the preparation of the work. If it is too difficult to determine the share, equal shares of each author should be assumed. If the title / name of the work is in a foreign language, please also provide the Polish translation.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | The names of the authorsand their share (%) in the preparation of the work | Patent title / name of the developed product | Brief description of the intended use of the product / study | Patent granting authority | Implementing institution | Implementation date | Attachment No.\* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| … | … | … | … | … | … | … | … |

\*  Please attach a detailed description of the developed product. For a patent, a copy of the granting document must be enclosed with the application.

**5. Professionalism of the staff confirmed by recommendations and independent assessments**

Table 5. List of certificates, authorizations, accreditations, certificates of excellence, qualifications, membership in associations, committees and working groups, as well as completed professional courses and trainings (preferably those finalized by an exam) - directly related to the scope of authorization. The preferred period is 6 years prior to the date of submission of the application. In the case of institutional attributes, in justified cases, please estimate the percentage share of people reported in Table 1 in obtaining the attribute, and if it is too difficult, equal shares should be assumed. If the title / name of the attribute is in a foreign language, please also provide a Polish translation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Last names - if a given attribute is individual, as well as share (%) in obtaining - if relevant for an institutional attribute | Certificate (training) title / membership name | Authority awarding the attribute / Name of the Association | Date | Attachment No.\* |
| of obtaining | and / or validity |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| … | … | … | … | … | … | … |

\* For each attribute it is required to enclose a copy of the relevant document confirming, and if it is not possible it is necessary to submit a signed declaration, which points to evidence of relevant information for a given attribute.

**6. Specialized technical equipment**

Table 6. List of equipment at the Applicants’ disposal allowing proper realization of technical tasks related to the proposed scope of the authorization. If the name is in a foreign language, please provide translation into Polish.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date of production | Device, instrument, or software name | A brief description of the purpose and principles of operation | The manufacturer's name | Attachment No.\* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| … | … | … | … | … | … |

\* It is required to attach copies of relevant documents to the application (e.g. warranty cards, licenses, inventory cards, etc.).

**7. Organizational regulations that guarantee an independence \* to carry out activities related to the proposed scope of the authorization**

Table 7. Organizational regulations ensuring fairness, including, if possible, management system and quality assurance tools, which the Applicant is using to fulfill this requirement. If the names of the regulations and tools are in a foreign language, please provide a translation into Polish.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Organizational solutions, tools, management system and quality control | Brief description of the procedure (introduction must be prior authorization) | Attachment No.\*\* |
|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| … | … | … | … |

**\*** Additional information on the notion of impartiality is available on the PAA web page ([here is the link](https://www.gov.pl/attachment/b30e1285-b8bd-44b2-a58a-dc6a1a3159ee)).

\*\* It is required to provide details of a given solution (e.g. a copy of the Work Regulations, an excerpt from the Articles of Association, etc.).

* + 1. **Other information**

Table 8. Information about other aspects not included in Tables 1-7 that the applicant considers essential for its assets on the requested range of authentication. If the names or phrases are in a foreign language, please provide translation into Polish.

|  |  |  |
| --- | --- | --- |
|  | Brief description of significant strengths | Attachment No. \* |
|  |  |  |
|  |  |  |
|  |  |  |
| … | … | … |

\* Attaching copies of documents confirming the information is subject to the Applicant’s decision. If it is necessary to prevent dissemination of information before its possible publication in the course of administrative proceedings (due to the necessityof ensuring protection of intellectual property), this fact should be clearly marked.

* + 1. **Applicant's declaration and signature**

I confirm the accuracy of the above data and I assure you that, as an Applicant, I will use appropriate management and quality control tools that exclude the occurrence of a conflict of interest and guarantee impartial performance of activities related to the requested scope of authorization with due diligence, to the best of my knowledge and using adequate technical means.

|  |  |
| --- | --- |
| …………………………………………… | …………………………………………… |
| Place and date | A signature of an authorized person |