

# SUPPLIER DECLARATION OF CONFORMITY (SDoC)

In accordance with ISO/IEC 17050-1:2004

**SDoC Identification Number<sup>1</sup>:**

**Issuer details**

Name <sup>2</sup> (of New Zealand manufacturer or importer): <input type="text" value="European Motor Distributors Limited"/> Telephone: <input type="text" value="09 3557758"/> New Zealand Company No. (if applicable): <input type="text" value="Z1124"/> Email Address: <input type="text" value="ewaanders@europeanmotors.co.nz"/>	Contact Address: <input type="text" value="1 Nixon Street"/> <input type="text" value="Grey Lynn"/> <input type="text" value="Auckland 1021"/>
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**Medium Risk Article – Details<sup>3</sup> (Product name, type, rating, brand, model, batch numbers, and serial numbers, as applicable):**

AC Electric Vehicle Charging Station 100-240/400Vac, 50/60Hz, 1 phase, I<sub>max</sub> 16A/2 phase, I<sub>max</sub> 16A/3 phase I<sub>max</sub> 16A

**The Medium Risk Article listed above, fully complies:**

<b>With cited standard(s), as listed<sup>4</sup>:</b>	
Standard number and issue year: <input type="text" value="IEC 61851-1"/> Edition / Amendment status: <input type="text" value="Second Edition"/> Standard title: <input type="text" value="Electric vehicle conductive charging system – Part 1: General requirements"/>	Standard number and issue year: <input type="text" value="IEC 61851-22"/> Edition / Amendment status: <input type="text" value="First Edition"/> Standard title: <input type="text" value="AC Electric Vehicle Charging Station"/>
AS/NZS ZZ modified    Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	AS/NZS ZZ modified    Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

**OR Complies with the Conformity Cooperation Agreement (CCA)<sup>5</sup>**    Yes     No    
**OR is registered on the EESS database & the declarer is registered as the responsible/affiliated supplier<sup>6</sup>** Yes  No  **EESS Equipment #** \_\_\_\_\_


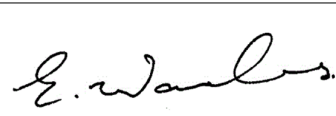
**Names and addresses of any Evaluating/Testing/Certification organisation or body used**

Name(s):	<input type="text" value="Intertek Deutschland GmbH"/> <input type="text" value="Innovapark 20"/> <input type="text" value="D-87600 Kaufbeuren, GERMANY"/>	Address(es):	<input type="text"/>
Name(s):		Address(es):	<input type="text"/>

**Reference to relevant test reports/certification and the issue date that show how compliance is achieved**

Supporting document(s) used, to show how compliance with the declared standard(s) is achieved or CCA certification: <input type="text" value="Intertek Test Report"/> <input type="text" value="Intertek Test Report"/> <input type="text" value="Intertek Test Report"/> <input type="text" value="Intertek Test Report"/> <input type="text" value="Intertek Test Report"/>	Report Certification or Document reference N <sup>o</sup> (s): <input type="text" value="2235668KAY-019"/> <input type="text" value="2235668KAU-093"/> <input type="text" value="2235668KAU-093a"/> <input type="text" value="2237817KAU-024"/> <input type="text" value="2237817KAU-028"/>	Issue dates(s): <input type="text" value="30.07.2019"/> <input type="text" value="30.07.2019"/> <input type="text" value="14.11.2019"/> <input type="text" value="28.07.2020"/> <input type="text" value="28.07.2020"/>
Reference to any management quality system involved:	<input type="text"/>	
Additional information <sup>7</sup> :	<input type="text"/>	

**Declaration (signed for and on behalf of):-**

<b>Name and position as authorised by the issuer<sup>8</sup>:</b> <input type="text" value="Erik Waanders, Homologation Manager"/> <b>Issuer Identification (as affixed to the article):</b> 	<b>Signature:</b>  <b>Date:</b> <input type="text" value="31.05.2021"/>
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