

No of order

(will be filled by EZÚ)

test of product (turn over point 6 b.)

I expect output in language:

CZ EN GE

test Report required

EMC test report

draft of Conformity Declaration (point 6 a.)

assessment of documentation

EZÚ Certificate

CB Certificate

CCA Certificate

certificate of CE conformity

others (specify)

The cost of testing include one language version of output.

No of sample:

(will be filled by EZÚ)

rent of testing premises

CZ EN GE

homologation

ESČ Mark License

ENEC Mark License

HAR Mark License

CCA-EMC Mark License

ENEC+ Mark License

1. Ordering firm

TRADE NAME

VAT No.

INDIVIDUAL PERSON

LEGAL ENTITY

VAT PAYER

ADDRESS

AUTHORIZED FOR CONTRACT NEGOTIATION

PHONE E-MAIL

AUTHORIZED FOR TECHNICAL NEGOTIATION

PHONE E-MAIL

2. Manufacturer/works

TRADE NAME

ADDRESS

PHONE E-MAIL

NAME OF FACTORY

ADDRESS

PHONE E-MAIL

3. Product

NAME

TYPE/SERIES

VARIANTS

BASIC TECHNICAL DATA

4. Other specifications if licenses for ESČ, ENEC, HAR and CCA-EMC

PRODUCT WAS TESTED

FACTORY WAS CERTIFIED IN ACCORDANCE WITH ISO 9001

FACTORY INSPECTION WAS CARRIED OUT

CERTIFICATE NUMBER

WITH OTHER SYSTEM

5. Specification (according to which standards do you wish to make tests, etc.)

Please send with the Application a basic technical documentation: drawings, wiring diagrams, service manual, instruction for use, product list, data sheets, etc

6. Tests of the product

6 a). Assessment of conformity – specify the Governmental Orders
(European Directives)

6 b). Specify the required tests

GO 118/2016 - (2014/35/EU) - LOW VOLTAGE DEVICES
GO 117/2016 - (2014/30/EU) - EMC
GO 24/2003 - (98/37/EC) - MACHINERY
GO 163/2002 - (no dir.) - CONSTRUCTION PRODUCTS
**GO 305/2011 - (REGULATION (EU) No. 305/2011 OF THE EUROPEAN
PARLIAMENT AND OF THE COUNCIL) - CONSTRUCTION PRODUCTS**
GO 9/2002 - (2000/14/EC) - NOISE
**GO 426/2000 - (99/5/EC) - RADIO AND TELECOMMUNICATIONS
EQUIPMENT**

SAFETY
EMC
HYGIENIC TESTS
VIBRATION
NOISE
CLIMATIC TESTS

For conformity assessment of medical devices according European directives please use „Application for conformity assessment of medical devices“.

.....
DATE

.....
**STAMP
OF THE ORDERING FIRM**

.....
**NAME AND SIGNATURE OF THE AUTHORIZED
REPRESENTATIVE OF THE ORDERING FIRM**

Instructions for filling in the Order

- Please fill the Order electronically or printed letters.
- Tick off the ordered service in the box or, if you require one of the licenses of the Conformity Declaration, give also the data in item 4 (if known to you)
- By ‚Basic technical data‘ means e.g. voltages, power input and output, current, frequency, etc.

In case of any uncertainties or additional questions please call +420 266 104 444
Our product managers are ready to help you at any time.

Thanks you for your interest in our services. Team EZÚ.