

**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

assessment of documentation

EZÚ Certificate

CB Certificate

CCA Certificate

others (specify)

**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

.....  
The cost of testing include one language version of output.

**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

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**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.)

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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

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**OUTPUT REQUIREMENTS**

(Accreditate output is extra charge.)

**I REQUIRE THE TEST SAMPLE TO BE RETURNED**

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 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 426/2016 - (2014/53/EU) - RADIO 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“.

**I AGREE WITH ELECTRONIC INVOICING.**

If you agree with electronic invoicing, please enter your email to send invoices:

.....  
**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.**