

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

homologation

ESČ Mark License

ENEC Mark License

HAR Mark License

CCA-EMC Mark License

ENEC+ Mark License

CZ EN GE

.....
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

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

OUTPUT REQUIREMENTS

(Accreditate output is extra charge.)

I REQUIRE THE TEST SAMPLE TO BE RETURNED

6 a). Specify the Governmental Orders (European Directives), according to which you are applying for conformity assessment tests.

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 Orde

- 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.