

# APPLICATION FORM

#### No of order

others (specify)

(will be filled by EZÚ)

test of product (turn over point 6 b.)

#### I expect output in language:

test Report required assessement of documentation EZÚ Certificate CB Certificate CCA Certificate

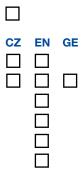
CZ	EN	GE
H	H	

homologation
ESČ Mark License
ENEC Mark License
HAR Mark License
CCA-EMC Mark License
ENEC+ Mark License

No of sample:

rent of testing premises

(will be filled by EZU)



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	۷	
PHONE	E-MAIL	
AUTHORIZED FOR TECHNICAL NEGOTIATION	۷	
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 ACCREDITED OUTPUT (Accil		(Accreditate output is e	ccreditate output is extra charge.)		
6 a).	Specify the Governmental Order according to which you are appl GO 118/2016 - (2014/35/ GO 117/2016 - (2014/30/ GO 163/2002 - (no dir.) -	ying for conformity assessment tests. EU) - LOW VOLTAGE DEVICES EU) - EMC CONSTRUCTION PRODUCTS		6 b).	Specify the required tests SAFETY EMC HYGIENIC TESTS VIBRATION
<ul> <li>GO 305/2011 - (REGULATION (EU) No. 305/2011 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL) - CONSTRUCTION PRODUCTS</li> <li>GO 9/2002 - (2000/14/EC) - NOISE</li> <li>GO 426/2016 - (2014/53/EU) - RADIO EQUIPMENT</li> <li>For conformity assessment of medical devices according European directives please use "Applicati</li> <li>I AGREE WITH ELECTRONIC INVOICING.</li> <li>If you agree with electronic invoicing, please enter your email to send invoices:</li> </ul>			D n for	NOISE CLIMATIC TESTS	
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.