

APPLICATION FORM

No of order (will be filled by EZÚ)		No of sample: (will be filled by EZÚ)				
test of product (turn over point 6 b.)		rent of testing premises				
I expect output in language: test Report required assessement of documentation EZÚ Certificate CB Certificate CCA Certificate others (specify)	CZ EN GE	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						
INDIVIDUAL PERSON	VAT PAYER					
DRESS						
AUTHORIZED FOR CONTRACT NEGOTI	ATION					
PHONE	E-MAIL					
AUTHORIZED FOR TECHNICAL NEGOTI	ATION					
PHONE	E-MAIL					
2. Manufacturer/works						
TRADE NAME						
ADDRESS						
PHONE						
NAME OF FACTORY						
PHONE						
3. Product						
NAME						
TYPE/SERIES						
VARIANTS			·······			
BASIC TECHNICAL DATA						



4. Other specifica	tions if licenses for ESČ, ENE _	:U, HAN and	COA-EIVIC	
PRODUCT WAS TESTED]		_	
FACTORY WAS CERTIFIED	IN ACCORDANCE WITH ISO 9001	FAC	TORY INSPECTION WAS CARRIED OUT	
CERTIFICATE NUMBER				
WITH OTHER SYSTEM				
5 Specification (or	ccording to which standards do	vou wich to	make tests, etc.)	
o. opcomoation (ac	Cording to which standards do	you wish to	make lests, etc.)	
sheets, etc	asic technical documentation: drawings, wil	ring diagrams, se	ervice manual, instruction for use, product list, data	
6 Tooto of the pro	duct			
6. Tests of the pro				
OUTPUT REQUIREMENTS	ACCREDITED OUTPUT (Ad	ccreditate output	is extra charge.)	
I REQUIRE THE TEST SAMP	LE TO BE RETURNED No			
6 a). Specify the Governmental Orde according to which you are app	ers (European Directives), olying for conformity assessment tests.		6 b). Specify the required tests	
GO 118/2016 - (2014/35	/EU) - LOW VOLTAGE DEVICES		SAFETY	
GO 117/2016 - (2014/30)	/EU) - EMC		EMC	
_	- CONSTRUCTION PRODUCTS		HYGIENIC TESTS	
	05/2011 OF THE EUROPEAN PARLIA CONSTRUCTION PRODUCTS	AMENT	U VIBRATION CLIMATIC TESTS	
			CLIMATIC TESTS	
I AGREE WITH ELECTR				
If you agree with electronic invoicing	g, please enter your email to send invoices:			
DATE	STAMP	NAME A	ND SIGNATURE OF THE AUTHORIZED	
DATE	OF THE ORDERING FIRM	REPRESENTATIVE OF THE AUTHORIZED		
Instructions for filling in the Or • Please fill the Order electronical				

- 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.