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|  **LAB TESTING** |
| 🞎 Full set as per standard(s)🞎 Functional🞎 Climatic🞎 Mechanical | 🞎 Electrical safety🞎 EMC🞎 Assessment🞎 Analysis |
| **TEST REPORT** |
| **Delivery address(es):** *(Company name, Street, Zip, City, Country, Tel., e-mail, Contact name, Title, VAT number)**If not same address as mentioned in page 2*      |
| **Test Report language(s):**🞎 French 🞎 Dutch 🞎 English 🞎 Not Applicable *COMPULSORY FIELD*  |
|  **CERTIFICATION**  |
|  **REQUESTED CERTIFICATION MARK(S)**  |
| 🞎 **BENOR-ATG**🞎 **BENOR**🞎 **BOSEC**🞎 **CE-CPR** | 🞎 **FINCERTIF**🞎 **INCERT**🞎 **I3**🞎 **ANPI**🞎 **S3** |
| **🞎** | **Introduction of a new product**    Production place (Country, City): *For each new product, enclose a detailed description with this request* |
| **🞎** | **New product variant**Variant reference: Certified product reference: Certificate n°.:  |
| Nature of the variation:*Enclose details of the differences with original product* |
|    |
| **🞎** | **Modification of an existing product**Certified product reference:  Certificate n°.:  |
| Nature of the modification:*Enclose details of the differences with original product.* |
| 🞎 Electric/electronic🞎 Mechanical | 🞎 Software🞎 Labelling & marking | 🞎 Other |
| **🞎** | **Certificate renewal**Certified product reference:  Certificate n°.:  |

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|  **PRODUCT** |
|  **PRODUCT TYPE** |
| 🞎 Fire prevention🞎 Theft prevention in buildings🞎 Theft prevention in vehicles🞎 Safe value protection  | 🞎 Automotive electronic subassemblies🞎 Radio transmitter🞎 Other electronic product🞎 Other mechanical product |
|  **PRODUCT/SYSTEM REFERENCES***List the concerned product(s)/ system*  | **STANDARDS REQUIRED BY THIS REQUEST***List the required standard(s) by product/ system reference*  |
|      *Provide, if possible, an overall presentation of the product(s)/ system* | --> --> --> --> --> *COMPULSORY FIELD*  |
|  **ADDITIONAL INFORMATION** |
| 🞎 Provide me a quotation🞎 Contact me for further details🞎 Equipment is available right now🞎 Equipment will be available by: ………………………………… | 🞎 I wish to destroy my equipment after the certificate issuance🞎 Carrier name: ………………………………………………..🞎 Carrier account: ……………………………………………. |
|  **GENERAL APPLICANT DATA** |
| Company name:  | VAT n°:  |
| Street/Nr:  | ZIP:  | City:  |
| Country:  | Tel.:  | Fax:  |
| Contact person:  | e-mail:  |
| Title:  | Language: 🞎 French 🞎 Dutch 🞎 English |
| Street/Nr:  | ZIP:  | City:  |
| Country:  | Tel:  | Fax:  |
| Invoicing address *(If not same address as mentioned here above)* |
| 🞎 I would like to receive the invoice by post | e-mail:  |
| Company name:  | VAT n°: |
| Street/Nr:  | ZIP:  | City:  |
| Country:  | Tél:  | Fax:  |
|  **APPLICANT'S DECLARATION** |
| **The applicant declares that all the information given in this form is correct and exhaustive.***Sign in this section.* |
| Date:  | Signature of authorized representative |
| First Name, Name:  | Title:  |
| This filled in and signed off quotation request *(hard copy by mail or e-scanned copy by email)* has to be sent to:sales@anpi.euOur general conditions are applicable and available on our website. |