|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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°.: | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.eu](mailto:sales@anpi.eu)  Our general conditions are applicable and available on our website. | | | | | | | | |