|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LAB TESTING** | | | | | |
| Full set as per standard(s)  Functional tests  Climatic tests  Mechanical tests | | | 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* | | | | | |
| **REQUESTED CERTIFICATION MARK(S)** | | | | | |
| **BOSEC**  **INCERT**  **ANPI**  **CE-CPR** | | | | **BENOR**  **BENOR-i3**  **BENOR-ATG** | |
| **ADDITIONAL INFORMATION** | | | | | |
| My company is already certified by ANPI in another field under the number ...  My company is already certified or has been certified by another organization for the requested field under the number ... | | | | | |
|  | **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/TECHNICAL NOTES 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  Transporter name: ………………………………………………..  Transporter account: ……………………………………………. | | | | | | | |
| **GENERAL APPLICANT DATA** | | | | | | | | |
| Company name: | VAT n°: | | | | | | | |
| Street/Nr: | ZIP: | | | City: | | | | |
| Country: | Tel.: | | | | | | |  |
| Contact person: | e-mail: | | | | | | | |
| Title: | Language:  French  Dutch  English | | | | | | | |
| Street/Nr: | ZIP: | | | | City: | | | |
| Country: | Tel: | | | | |  | | |
| 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 : | | | | | |  | |
| **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 | | | | | | | | |