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| --- |
|  **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*  |
|  **CERTIFICATION**  |
|  **REQUESTED CERTIFICATION MARK(S)**  |
| [ ]  **BENOR-ATG**[ ]  **BENOR**[ ]  **BOSEC**[ ]  **CE-CPR** | [ ]  **BENOR-i3**[ ]  **INCERT**[ ]  **ANPI** |
| [ ]  | **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/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.euOur general conditions are applicable and available on our website. |