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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | | | |