



APPLICATION FOR CONFORMITY ASSESSMENT & TESTING OF ELECTROMAGNETIC COMPATIBILITY (EMC) AND/OR ELECTRICAL SAFETY (LVD) COMPLIANCE WITH ESSENTIAL REQUIREMENTS

specified in the EMC directive No. 2004/108/EC and the LVD Directive No. 2006/95/EC

No.: [grid] TIC's Registry Number (do not fill in)

APPLICANT:

Company name, VAT No., Registration No., Registered at, Address, Phone, Fax, PIN Code, e-mail, Banking with, Account No., Represented by, Contact person authorized to conduct negotiations

PRODUCT(S):

Product name, Type, Company name and manufacturer's address (if different from that of the applicant)

ACCOMPANYING DOCUMENTATION:

Required output of the testing, Testing shall be aimed to, Instructions for use, Technical conditions, Test reports of other accredited laboratories, Harmonized standards and other specifications for which compliance testing is ordered, Other documents and information

Applicant's declaration:

- 1. We agree that product samples will not be returned after assessment.
2. We agree with the "Obligatory Business Conditions" of TIC and we will abide by them.

Date of Application

Stamp and signature of applicant's authorized representative