



认证/检测服务申请表

Certification/Testing Service Application Form

PART I: 基本信息/Basic Information 【中英文信息均需提供/Please fill it with Chinese and English】

申请商 (Applicant)	公司名称					
	Company Name					
	公司地址					
	Company Address					
	联络人/Contact		电话/Tel		传真/Fax	
	邮箱/Email					
制造商 (Manufacturer)	公司名称					
	Company Name					
	公司地址					
	Company Address					
	联络人/Contact		电话/Tel		传真/Fax	
	邮箱/Email					

邮寄地址 (证书、报告) Add for Mailing Report and Caertificate	
收件人 (Certificate Receiver)	
联系电话 (Tel or mobile phone)	

PART II: 产品信息/Product Information 【中英文信息均需提供/Please fill it with Chinese and English】

产品名称				商标/Trademark
Product Name				
主测型号/M.N. Tested				Class (for EMC only)
覆盖型号/M.N. Covered				
额定参数 (Ratings)	额定电压 (Voltage)		额定电流 (Current)	
	额定功率 (Power)		负载情况 (Loading)	
	额定频率 (Frequency)			
	工作频率(时钟频率/内部最高工作频率)Working Frequency			



PART III: 检测认证需求/Testing and or Certification Requirements

出口目的地 (如不在下列表中, 请直接填写您产品的出口目的地)

EMC认证项目/EMC Certification Items			安规认证项目/Safety Certification Items			
<input type="checkbox"/> FCC Verification	<input type="checkbox"/> FCC DOC	<input type="checkbox"/> FCC ID	<input type="checkbox"/> CE - LVD	<input type="checkbox"/> UL	<input type="checkbox"/> CSA	<input type="checkbox"/> CCC
<input type="checkbox"/> CE - EMC	<input type="checkbox"/> CE - R&TTE	<input type="checkbox"/> C - Tick	<input type="checkbox"/> GS	<input type="checkbox"/> PSE	<input type="checkbox"/> SASO	<input type="checkbox"/> CB
<input type="checkbox"/> IC	<input type="checkbox"/> VCCI	<input type="checkbox"/> E-Mark	<input type="checkbox"/> CE - MDD	<input type="checkbox"/> CE - MD	<input type="checkbox"/> ETL	<input type="checkbox"/> TUV Mark
<input type="checkbox"/> FDA - EMC	<input type="checkbox"/> EMF	<input type="checkbox"/> Testing and Reort	<input type="checkbox"/> FDA注册	<input type="checkbox"/> FDA 510(k)	<input type="checkbox"/> Energy Star	<input type="checkbox"/> KC
<input type="checkbox"/> Other:			<input type="checkbox"/> Erp	<input type="checkbox"/> Other:		
依据标准/Standard:			依据标准/Standard:			

PART IV: 送检样品数量及测试完处理方式/Samples disposal

样品名称 (Sample Name)	数量 (Qty' s)	描述 (Description)

<input type="checkbox"/> 退回委托方/运费委托方自付 RETURN TO CLIENT(freight paid by client)	<input type="checkbox"/> 委托方自行领回 TAKE BACK BY CLIENT	<input type="checkbox"/> 委托华通威自行处理 SAMPLE TO BE DISPOSED BY HTW
<p>注意: 如果选择委托方自行领回, 请于测试完成结清余款后1个月内领回样品, 逾期视同委托华通威自行处理。 Note: If you check the box TAKE BACK BY CLIENT, please take back samples within one month after settlement of the balance, exceed the time limit shall be deemed as entrtrust HTW to dispose the samples.</p>		

PART V: 委托方其它需申明事项/ Other Remark:

特别说明:
 申请人授权下述签字人员全权代表委托方提供认证测试所需文件与技术资料并确认其适宜性, 并且免除华通威因为实际产品与认证资料不一致而引起的一切法律责任. 如果您在填写此表时有任何疑问, 请咨询业务员或市场客户服务人员。
 普通电子电器: 电话: 0755-26715386 医疗器械产品: 电话: 0755-26715458

NOTE:
 The Applicant hereby gives full authorization to the below Agent to act and submit on their behalf all required documentation for approval and recognizes that the responsibility for the authenticity of these documents lies with the Applicant and the Agent. HTW shall be exempt from any liability incurred by the approval of received documents different from those which will be shipped with the final product. Any question please contact with our customer service person as following:
 Customer Electronics and other products: Tel: 0755-26715386 Medical Device and Mechanical products: Tel: 0755-26715458

公司名称 (Company) _____

委托方代表签名
(Client signature) _____

盖章:
(Seal)

日期 (Date) _____