

Quotation Ticket for ☐ New test ☐ Amendment, File-No.:

Inquirer ☐ Invoice address ☐ Delivery address for documents Name: Address: ZIP / City: Country: Contact: Phone: Email:	Agent <i>not shown on the certificate</i> ☐ Invoice address ☐ Delivery address for documents Name: Address: ZIP / City: Country: Contact: Phone: Email:
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Laboratory/Test Engineer (*favoured*):

Product :
Product Standard (*required*):

Trademark *only one CB certificate per trademark possible:*
Type / Model / Rating

Battery powered? ☐ Yes / ☐ No

Type / Model, attach Type code if necessary
Rating (voltage, current, power, frequency)
Information on product (*if appropriate*)

Phase: ☐ 1 phase ☐ 2 phase ☐ 3 phase

Sector: ☐ Household ☐ Commercial ☐ Industrial ☐ Medical

Protection class: ☐ I(*with PE*) ☐ II(*w/o PE*) ☐ III(*SELV*)

Size (L x W x H) [cm]:

IP-Protection: IP ☐ no IP

Weight [kg]:

Interfaces (*next to type of power supply, max. length*):

Controls/Electronics:

Max. Frequency:

MHz:

Radio interface (*type, frequency, power*):

Further details (*electrical protection circuit (PEC), Software (PEC), laser, water, compressed air, power unit, source of light,...*):

Services

Testing for ☐ Safety ☐ EMC ☐ Radio ☐ Environment ☐ Ex

☐ others:

Explosion Protection (*if appropriate*)

Ex-Marking:

QAN/QAR (*existing*):

Ignition protection type:

Zone:

Certificate No. (*existing*):

Market / Distribution of products
☐ Switzerland ☐ Europe ☐ USA/Canada ☐ others:

Remarks
Eurofins Intern
☐ Technically ☐ Formally ☐ Feasibility

Date/Initials: