

# Electrical Service Application Form



To: TÜV Rheinland Thailand Ltd.  
123/1, Floor 1-2, Soi Chalongkung 31, Ladkrabang Industrial Estate,  
Lamplatew Sub-district, Ladkrabang District, Bangkok 10520  
Tel : 662 - 326-1333 Fax : 662 - 326-1334-5 www.tuv.co.th

We are applying for:

- GS  TÜV  CB  CE  EMC-Mark  International Approval \_\_\_\_\_  
 Test Report \_\_\_\_\_  Other \_\_\_\_\_  
 TCF (Technical Construction File)  OEM  
 Technical meeting (proposed date: \_\_\_\_\_)  Photographic doc.  
 Testing date (proposed date: \_\_\_\_\_)

## Applicant

### To be filled in by TÜV Rheinland

Company: _____	Engineer : _____
Person to contact: _____	Order no.: _____
Department/Div.: _____	Place of testing: _____
Tel.: _____ Fax: _____	Cost allocation (Excluding VAT):
Full Address: _____	-BF 3.1: _____
_____	-BF 3.4: _____
_____	-BF 3.7: _____
	-BF 3.99: _____
	-Other: _____

## Product Description

Product Name : _____	Model No. : _____
Rated Voltage : _____	Rated Current or Power : _____
Protection Class : <input type="checkbox"/> PE connection <input type="checkbox"/> double insulation <input type="checkbox"/> safety low voltage	
Special features of the product : _____	
This product is similar to an already certified product: <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, License No. : _____	
If yes, please specify on a separate sheet what has been modified. _____	

## Submitted/Enclosed

<input type="checkbox"/> Constructional Data Form 2x <input type="checkbox"/> Test samples _____ pieces <input type="checkbox"/> Extra components <input type="checkbox"/> Electrical circuit
<input type="checkbox"/> OEM Declaration <input type="checkbox"/> Test reports from others <input type="checkbox"/> Certificates from others <input type="checkbox"/> Radio Interference/EMC test record

Invoice address: (If it's different from above)

(Stamp and Sign of Applicant)

Date: