Request form

CERTIFICATION OF RADIO EQUIPMENT ACCORDING TO RED DIRECTIVE

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| ***1. Applicants information:*** |
| Company name: |  |
| Company registration number: |  | TAX Number: |  |
| Address: |   | Phone number: |   |
| Contact Name: |   | Fax: | - |
| Position: |   | E-mail: |   |

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| ***3. Product information:*** |
| Name of the product, reference name: |   |
| Relevant regulations and standards for the equipment taken into account during the design and tests: |  |
| ***4. Berendezés adatai:*** |
| [ ] New equipment[ ] Changed equipment |
| Manufacturer: |  |
| Name (category): |  |
| Function: |  |
| Type designation: |  |
| Interface(s) to be certified: |  |
| Frequency / Frequency bandwith: |  |
| Output power |  |
| Number of channels: |  |
| Channel distance: |  |
| Antenna: |  |
| Power supply |  |

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| ***5. A tanúsításra vonatkozó szakmai adatok:*** |
| RED Directive module of the certification: | DIRECTIVE 2014/53/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL (2014. april 16.) [ ] B module: EU type certification[ ] H module: According to compliance based on full quality assurance |
| Language of the certification: | [ ] Hungarian[ ] English |
| Language of the documentation provided by the Applicant :  | [ ] Hungarian[ ] English |
| Participation of additional testing organization(s) (testing laboratory):  |  |

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| ***6. Attached documents*** |
| Any point of the application can be answered on a supplementary sheet if there is no space. |
| Number of spare sheets : |   |
| Please attach to the application - if such documents exist - the Applicant's Certificates for the previous system and a copy of his management system or other Certificates and qualifications related to the area of certification. |
| Number of copies: |   |

In order for the Certification Body to make an offer/draft contract, it is necessary for the Applicant to fill out a Questionnaire containing more detailed information about the product.

Sending this Application does not in itself entail a commitment, the certification procedure can be carried out after the offer or contract draft sent based on the data in the Application and Questionnaire has been accepted and signed.

By returning this Application, the Applicant consents to the Certification Body handling the personal data contained in the Application in the manner regulated in the Data Protection Information on the website of MATRIX Ltd..

The undersigned applicant undertakes to meet the requirements of the certification and to provide all information necessary for the evaluation of the products to be certified. The applicant guarantees that the data provided by him during the certification process is authentic.

I, the undersigned applicant, hereby declare that I have submitted the application for certification of the requested device exclusively to MATRIX testing, inspection and certification Ltd., the application has not been submitted to any other conformity assessment organization.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_

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 Applicant’s name, and position