|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *( the name society )* | | |  |  | |
|  |
|  | | TEST REQUEST The number ....................of ........../........../ 20…  *( the offer number will​ granted by QUALITY CERT)* | | | **Attention, when filling in the application form in a computer file:**  in order to mark check boxes, double click them. |
| 1. | | The name the manufacturer, address ( if It is different from the applicant ) | | | | | |
|  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. | Information about the object that will test: name, type, model, description materials use | Test required ie EN 14749:2016. | The name document / standard after which the test will be performed |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| QUALITY CERT will provide services in accordance with the specific requirements of the Client, made available by the Client.  In the absence of the specific requirements of the Client, QUALITY CERT will consider the following instructions:  ( a) standard specifications or standard order form provided by QUALITY CERT; and/or  (b) any relevant trade usage, practice or custom; and/or  (c) any methods that QUALITY CERT considers appropriate from a technical, operational point of view | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. | Contact person | | | |
| Name surname​ | |  | Phone |  |
| Position held | |  | E-mail |  |
| Are you the legal REPRESENTATIVE? | | | Yes No\* | |
| \*If not, indicate NAMEs of the person : name , surname , function : | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4. | Details of the organization | | | |
| Name | |  | Fiscal Code |  |
| Address | |  | IBAN account |  |
| the bank |  |
| Unique identification code | |  | branches |  |

|  |  |
| --- | --- |
| 5. | Documents additional (assembly instructions, sheets​ technical, drawings, etc.) |
|  | |
|  | |
|  | |

|  |  |
| --- | --- |
| 6. | Do the sample(s) to be tested require assembly in the laboratory? |
| YES  NO | |

( please indicate with  the answer you .)

NOTE: In EVENT products that require **ASSEMBLY in the laboratory** , it is carried out by PERSONNEL the QUALITY CERT laboratory , in according to the assembly instructions provided by the applicant .​

|  |  |
| --- | --- |
| 7. | Test results requested to be presented in the language: |
| ENGLISH  Other ................................... | |

( please indicate your choice . For report in the other language a fee of 100 euros+VAT is charged )

|  |
| --- |
| The applicant undertakes to make available​ CONTRACTOR the products that are the subject the test contract, by the transmission them, at their expense own, by courier or own transport to the address the testing laboratory. **The transmission products will be made from Monday until Friday**, in time working hours, with notice prior to the laboratory to make sure receiving them.  beneficiary It is bound to **high SAMPLES TEST within max. 15 days reception worker​ test reports**, in**​** case CONTRARY these will be sent automatically, via courier, at the expense the beneficiary, at the headquarters this one. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | |  | | |
|  | ( Name and first name ) |  |  | ( Signature ) |  |