



APPLICATION FORM FOR PRODUCT CERTIFICATION

PART A: APPLICATION FOR COC

1. INFORMATION OF APPLICANT (CERTIFICATE HOLDER)

Company name		
Company Address		
Person to receive the COC	Name (<input type="checkbox"/> Mr <input type="checkbox"/> Ms)	
	Title	
	Telephone	
	Email	
Person in-charge of submission of applicant	Name (<input type="checkbox"/> Mr <input type="checkbox"/> Ms)	
	Title	
	Telephone	
	Email	

2. PRODUCT INFORMATION

Product name	
Trade name	
Model number	
Manufacturer's name	
Manufacturer's address	

3. SERVICE REQUEST

<input type="checkbox"/> LCSXTPCS	<input type="checkbox"/> Other:
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4. TEST REPORT

Report No.	Date of issue	Test laboratory

5. SUPPORTING DOCUMENTS

<p>(a) Full Electrical Wiring/Circuit Diagram or Service Manual.</p> <p>(b) Technical/Constructional Drawing if applicable.</p> <p>(c) User's Instruction Manual (English version must be included)</p> <p>(d) Test Report(s).</p> <p>(e) Coloured Photographs of each model applied. showing exterior (whole, front, top and rear view) and interior (critical safety components) views. Polaroid photographs as well as photocopies (in black and white) are not acceptable.</p> <p>(f) Rating Label.</p> <p>(g) Authorization Letter from applicant of test report if Certificate Holder is not the owner of the test report/certificate.</p> <p>(h) Certificate (if any).</p>
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PART B: PRODUCT IDENTITY DECLARATION

check with "X" if applicable and fill the details below

We declare that the product below:

Product name: _____
Model number: _____

for which we apply for the certification under LCSXT's product certification scheme are identical in all respects (e.g. design, construction, properties, critical components, assembly) to the tested specimen except:

Item (model no, trade name, voltage, frequency etc.)	Basic Model (on the test report)	Similar/Derived Model (actual model no. for certification)	Test Report (if applicable)



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PART C: APPLICATION FOR RENEWAL OF CERTIFIED PRODUCTS

check with "X" if applicable and fill the details below

We are applying for renewal of the following certified products under LCSXT's Product Certification Scheme. We note that the certified products may require re-testing depending on the applicable safety standards and requirements.

1. INFORMATION OF APPLICANT (CERTIFICATE HOLDER)

Company name			
Company Address			
Person to receive the renew COC	Name (<input type="checkbox"/> Mr <input type="checkbox"/> Ms)		
	Title		
	Telephone		
	Email		
Person in-charge of submission of applicant	Name (<input type="checkbox"/> Mr <input type="checkbox"/> Ms)		
	Title		
	Telephone		
	Email		

2. INFORMATION OF CERTIFIED PRODUCTS

No.	Certificate No.	Model No.	Remarks



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PART D: APPLICATION FOR MODIFICATION OF CERTIFIED PRODUCTS

check with "X" if applicable and fill the details below

We are applying for modification to the certified products:

1. INFORMATION OF APPLICANT (CERTIFICATE HOLDER)

Company name		
Company Address		
Person to receive the modified COC	Name (<input type="checkbox"/> Mr <input type="checkbox"/> Ms)	
	Title	
	Telephone	
	Email	
Person in-charge of submission of applicant	Name (<input type="checkbox"/> Mr <input type="checkbox"/> Ms)	
	Title	
	Telephone	
	Email	

2. INFORMATION OF CERTIFIED PRODUCTS

Certificate No.	
Product name	
Trade name	
Model number	

3. Changes made for the certified product are:

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APPLICANT (COC HOLDER) LEGAL STATEMENT

To: Shenzhen LCSXT Compliance Testing Laboratory Ltd.

We hereby apply to Shenzhen LCSXT Compliance Testing Laboratory Ltd. for product certification of products pursuant to Shenzhen LCSXT Compliance Testing Laboratory Ltd., Product Certification Scheme.

We have read and accepted the LCSXT-CP-QP-01 General Conditions for Certification Services.

We declare that all the required basic documents are attached to this application. We understand that our application will be delayed in the event the required basic documents are insufficient. We also note that payment is non-refundable, that is, payment is due regardless of the outcome of application.

Company's Name : _____

Company's Registered Seal/Stamp : _____

Authorized signature : _____

Date : _____



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ACCEPTANCE OF APPLICATION

Based on the information / documents submitted, we declare that the application is:

Accepted.

Rejected. Please specify: _____

CERTIFICATION APPLICATION REVIEWER (CAR)

Name : _____

Signature : _____

Date : _____