

Testing Application Form for Electrical & Electronic Equipment

Applicant Name : _____	Official Use Only
Address: _____	Job No. _____
Postcode: _____ E-mail : _____	A/C No. _____
Contact Person : _____ Position: _____	Deposit : <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone: _____ Fax : _____	Amount: _____ OR# _____
Authorized : _____	

Company Name & Address Shown On Test Report (if different from the Co. Name Above) : _____

Payer : _____	Contact Person : _____
Address: _____	Telephone: _____ Fax : _____
Report Address _____	Email : _____

Sample Description	Item/Style No.	Number of Samples Submitted
1) Buyer: If need to state on report, please specify Buyer's name:	1) <input type="checkbox"/> Yes <input type="checkbox"/> No Series No.	
2) Specify 'Full Flow Chart'	2) <input type="checkbox"/> Yes <input type="checkbox"/> No Buyer's order No.	
3) SONY report format	3) <input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Specify 'PBB', 'PBDE' (Mono to Deca) data on report	4) <input type="checkbox"/> Yes <input type="checkbox"/> No	
5) Specify 'Testing in ONE WHOLE SAMPLE' or COMPOSITE If "Composite", specify the testing component(s): <u>X component(s)</u>	5) <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Testing charge is based on number of components	

Country of Origin:	Goods Exported to:
	Manufacturer's Name:

Tests required (Appropriate test method subject to the applicant's buyer's method)

<input type="checkbox"/> Lead <input type="checkbox"/> (Microwave Digestion) #	<input type="checkbox"/> Cadmium <input type="checkbox"/> (Microwave Digestion) #	<input type="checkbox"/> Mercury <input type="checkbox"/> (Microwave Digestion) #
<input type="checkbox"/> Chromium VI (If Matsushita supplier, please select MATSUSHITA Method / JIS-H-8625 / USEPA 3060A & 7196A)	<input type="checkbox"/> Polybrominated biphenyl (USEPA 3540C by solvent extraction)	<input type="checkbox"/> Detection of PVC
If Metal Sample, please specify : Plating weight of sample : _____	<input type="checkbox"/> Polybrominated diphenyl ether (USEPA 3540C by solvent extraction)	<input type="checkbox"/> Others :
Surface area of sample : _____		

Laboratory may advise appropriate method if necessary.

Service Required: <input type="checkbox"/> Regular	<input type="checkbox"/> Express*	<input type="checkbox"/> Shuttle*
Report Service: <input type="checkbox"/> Fax	<input type="checkbox"/> Mail	<input type="checkbox"/> Email
Return Sample: <input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Express Delivery
* For Heavy Metal testing only		<input type="checkbox"/> Pick-up

We apply for the above tests and agree that all testing will be carried out subject to INTERTEK TESTING SERVICES PHILS. INC.'s scale of charges as set forth in their latest price list of which we have seen a copy and subject to the terms and conditions set out hereon and overleaf.

Authorized Signature and Company Chop of the Applicant _____ Date _____

(P.T.O. for terms and conditions)

Note: Client should retain the Duplicate for own reference and present the same for collection of test report in our office.

Intertek Testing Services Philippines Inc.,
 Intertek Building, 2310 Pasong Tamo Extension, Makati City 1231, Philippines MCPO Box 2999
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 EMAIL labtest.phils@intertek.com & WEBSITE <http://www.intertek-labtest.com> / <http://www.intertek.com>