

INQUIRY FOR _____

Testing, surveillance

Type or group of products:	
	Specification for testing*:
	Norms/description of properties:
	Special requests:

* If there is not enough space on this page . write on the back

TO BE FILLED IN BY THE PERSON MAKING THE INQUIRY

Inquiry made by: _____	tel / fax: _____
Address: _____	
Contact person: _____	
Product / program name: _____	
Producer-s: _____	
Origin of the product: _____	

ENCLOSURE:	YES	NO
1. catalogues and other advertising materials about the product	<input type="checkbox"/>	<input type="checkbox"/>
2. guarantee and declaration	<input type="checkbox"/>	<input type="checkbox"/>
3. technical description and designs	<input type="checkbox"/>	<input type="checkbox"/>
4. instructions for the product with basic characteristics	<input type="checkbox"/>	<input type="checkbox"/>
5. original or copy of the document on previous testing of the product or product parts, performed at other control institutes	<input type="checkbox"/>	<input type="checkbox"/>
6. other: _____		

Authorized contact person:

Inquiry made by:

Stamp

In _____, _____
place date

Signature of a responsible person

Annotation: (*) to be filled in the attachment to the Inquiry