

Antrag und Einverständniserklärung an einen FCB zur Zertifizierung (Kanada)

Application and Agreement to a FCB for Certification **Service (Canada)**



Foreign Certification Body (FCB)
Koenigswinkel 10, D-32825 Blomberg
Phone: +49 (0)5235-9500-24
Fax: +49 (0)5235-9500-28
e-mail: notifiedbody@phoenix-test-lab.de
Web: <http://www.phoenix-test-lab.de>

| | | | |
|---------------------------------------|--|------------------------------|--|
| Antragsteller / Applicant | | | |
| Adresse / Address | | | |
| Kontaktperson / Contact person | | | |
| E-Mail / E-Mail | | Website / Company URL | |
| Tel. / Phone | | Fax / Fax | |

| | | | |
|---|--|------------------------------|--|
| Kanadischer Repräsentant / Canadian Representative | | | |
| Adresse / Address | | | |
| Kontaktperson / Contact person | | | |
| E-Mail / E-Mail | | Website / Company URL | |
| Tel. / Phone | | Fax / Fax | |

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|--|--|
| Company Number and UPN Number | |
| Model Number | |
| Specification Standard | |
| Type of Service / Remarks (e.g. Single, New Family, Multiple Listing, etc.) | |

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|--|---|
| AGREEMENT: THE APPLICANT AGREES TO: (i) Accept responsibility for all FCB charges arising from this application; (ii) Meet all requirements in accordance with CB-03 (Requirements for the Certification of Radio Apparatus to Industry Canada's Standards and Specifications) and other applicable procedures; (iii) Warrant that the test results submitted are a true representation of the characteristics of the radio equipment type for which certification is requested; (iv) Inform the FCB of any changes to the information submitted. | <input type="checkbox"/> Ich stimme zu / I agree |
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| Angaben zum Antragsteller / Details on the applicant Name <i>Name</i> Position <i>Title</i> | |
|--|--|

Ort, Datum - Place, Date

Unterschrift und Stempel - Signature and Stamp