**Application for Test request**

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| Reception umber : |  |
| Date of application: |  |

To: Japan Electrical Safety & Environment Technology Laboratories

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| (Applicant's) | Zip code: |  |
|  | Address: |  |
|  | Corporation name: |  |
|  | Representative, position: |  |
|  | Responsible person, division |  |
|  | (Seal or signature) |  |
|  |  |  |
| I delegate the authority on this application procedure to the following proxy. (\*1) |
| (Proxy's) | Zip code:  |  |
|  | Address: |  |
|  | Corporation name: |  |
|  | Person's name, position: |  |
|  | (Seal or signature) |  |

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| Classification of application | □self-confirmation | □Ability for confirmation |
| Category of specified radio equipment | Radio equipment under Article 2 Paragraph ( )Item( ) of Certification Ordinance |
| Type or name of radio equipment |  |
| Name of equipment manufacturer |  |
| Serial number |  |
| Number of units applied |  |
| Emission modes, frequencies and antenna power to be certified |  |
| Connection to telecommunication link | □Yes | □No |
| Submission of radio equipment | □Yes | □No |
| Submission of characteristic test report | □Yes | □No |
| Equipment information | Rated voltage / power / frequency |  |  |
| Test items |  |
| Dimensions / Weight |  |
| Contact address | Zip code, address |  |
| Division name |  |
| Name of person |  |
| Telephone number |  |
| e-mail or facsimile |  |
| Remarks |  |
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