

Application for Test request

Reception umber :

Date of application:

To: Japan Electrical Safety & Environment Technology Laboratories

(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)

Classification of application		<input type="checkbox"/> self-confirmation	<input type="checkbox"/> 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		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Submission of radio equipment		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Submission of characteristic test report		<input type="checkbox"/> Yes	<input type="checkbox"/> 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			