

**TUV Rheinland of North America, Inc.**

**North American Headquarters**

12 Commerce Road, Newtown, CT 06470

Tel (203) 426-0888 FAX (203) 426-4009

Web: <http://www.tuv.com> E-mail: [info-new@tuv.com](mailto:info-new@tuv.com)



**APPLICATION FOR INVESTIGATION AND CERTIFICATION**

**Applicant's Company Name:**

Street Address:	City, State, Postal Code, Country:
Contact Person:	Phone Number:
e-mail address:	Fax Number:
<b>Factory Name:</b> (Attach separate sheet for add'l locations)	
Street Address:	City, State, Postal Code, Country:
Contact Person:	Phone Number:
e-mail address:	Fax Number:

**Apply to TUV Rheinland of North America, Inc. for:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> GS Mark Certification                      | <input type="checkbox"/> NEMKO Certification  | <input type="checkbox"/> Add Model           |
| <input type="checkbox"/> Bauart Certification                       | <input type="checkbox"/> DEMKO Certification  | <input type="checkbox"/> Delete Model        |
| <input type="checkbox"/> T-Mark Certification                       | <input type="checkbox"/> FIMKO Certification  | <input type="checkbox"/> Address Change      |
| <input type="checkbox"/> NRTL Certification (US)                    | <input type="checkbox"/> SEMKO Certification  | <input type="checkbox"/> Name Change         |
| <input type="checkbox"/> CA Certification (Canada)                  | <input type="checkbox"/> NOM Certification    | <input type="checkbox"/> Upgrade of Standard |
| <input type="checkbox"/> CU Certification<br>(combined US & Canada) | <input type="checkbox"/> GOST-R Certification | <input type="checkbox"/> Co-Certificate      |
| <input type="checkbox"/> EMC Certification                          | <input type="checkbox"/> FCC Testing          | <input type="checkbox"/> OEM-Certificate     |
| <input type="checkbox"/> Ergonomics Certification                   | <input type="checkbox"/> TCB Approval         | <input type="checkbox"/> Change Ratings      |
| <input type="checkbox"/> CE Marking                                 | <input type="checkbox"/> SEMI S2 Assessment   | <input type="checkbox"/> Change Model(s)     |
| <input type="checkbox"/> CB Scheme Certification                    | <input type="checkbox"/> NVLAP                | <input type="checkbox"/> Standard Upgrade    |
| <input type="checkbox"/> S-Mark Certification                       | <input type="checkbox"/> Add Factory          | <input type="checkbox"/> Other _____         |
|   | <input type="checkbox"/> Delete Factory       |  |

**(Product Description and Model No.)**

The undersigned Applicant agrees to abide by all the terms and conditions stated in the Testing and Certification Regulations and General Terms and Conditions.

_____	_____	_____
Authorized Signature	Print Name	Date

**Must be completed in order to process this application:**

Please attach pre-payment or Applicant's Purchase Order #:	Purchase Order Date:
_____	
Billing address for project cost:	
_____	
Billing address for factory inspections: (if applicable)	
_____	
Billing address for annual fees: (if applicable)	
_____	