|  |  |  |  |
| --- | --- | --- | --- |
| **Request Owner** |  | | |
| **Manufacturer** |  | | |
| **Contact Name** |  | **Brand Name** |  |
| **Phone No** |  | **Tax Office** |  |
| **e-mail** |  | **Tax No** |  |
| **Invoice Address** |  | | |

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| --- | --- | --- | --- |
| **Report Delivery By** | **e-mail** | **Mail** | **Printed Delivery from Lab** |

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| --- | --- | --- | --- | --- |
| **Product Name / Model / Sizes and properties 1** | **Type and Floating Method Product** | **User Groups** | **Mass Groups** | **Tests 2** |
|  | Inherently Buoyant  Inflatable | Adult  Child  Infant | (kg)  <11  >11-15  >15-19  >19-30  >30-60  >60 | EN 13138-1 All Applicable Tests  Conditioning  Edges, corners and points  Attached small parts  Protruding parts  Marking Evaluation  Marking Resistances  Buoyancy of complete device  Integrity Test  Valve, Stopper Performance  Single Action Buckles  Seam strength and durability  Resistance to Water Absorption  Resistance to Compression  Thread Flame Test  Resistance to Puncture  Human Tests  Conspicuity |
| EN 13138-2 All Applicable Tests  Conditioning  Edges, corners and points  Attached small parts  Protruding parts  Marking Evaluation  Marking Resistances  Buoyancy of complete device  Valve, Stopper Performance  Seam strength and durability  Resistance to Water Absorption  Resistance to Compression  Thread Flame Test  Resistance to Puncture |

1 – In case of multiple Products, please fill this form for each product separately. In case the space on the form is not enough to explain product functionalities and sizes, please attach explanation document to this form.

2 – Necessary tests and conformity assessment may differ for class, user groups and floatation method. If you select “All Applicable”, our laboratory will select necessary tests for your product. Conditionings are not listed but included.

Decision Rule: Binary Statement Method is used for Simple Decision Rule. Please contact us if you have a request.

I request Conformity Assessment Request  Yes /  No -  Let the decision rule determined by the laboratory.

|  |  |
| --- | --- |
| **Request Date** | **Authorised Person, Stamp and Signature** |
| …. / …. / …… | All responsibility arising from the incomplete or incorrect information provided above belongs to us. |