**Request Form for Product Certification**

Please complete details below and send back to us. If you have any question regarding this form, please inform us.

**Detail of Making Request**

|  |  |
| --- | --- |
| Company | Enter your company name here |
| Contact Person | Enter contact person name here |
| E-mail | Enter your E-mail here |
| Phone | Enter your phone here |

**Catalogue of Certification（Please to choose which kind of product certification you want to apply）**

|  |  |
| --- | --- |
| Categories | Items |
| ☐01 | CQC |
| ☐02 | CFDA |
| ☐03 | CEL |
| ☐04 | PV |
| ☐05 | Others:(Please describe the certification you want below) |
| Device CCC License |

**Technical Dates（Use attachment if space is not sufficient）**

|  |  |
| --- | --- |
| Product Name |  |
| Type |  |
| Model/Specification |  |
| Trade Mark |  |
| Product Description |  |
| Product Picture |  |

Date:29-Dec-23