

Service Request Form

DATE: XX/XX/XXXX

Manufacturer and Applicant Information

Applicant Name	
Applicant Address	
Manufacturer Name	
Manufacturer Address	

Product Information

Product Name	
Job card no.(for Lab Use only)	
Model / Identification	
Product Description with Application	
Accessories Used with Product	

Product Specifications

Power Supply <i>(check all that apply)</i>	Voltage Type: <input checked="" type="checkbox"/> DC <input type="checkbox"/> AC <input type="checkbox"/> DC+AC <input type="checkbox"/> Battery <input type="checkbox"/> Solar <input checked="" type="checkbox"/> Others Please specify if Others: POE Adapter
	If DC input, How DC input is derived to the product <input checked="" type="checkbox"/> AC/DC Adaptor <input type="checkbox"/> USB Powered <input type="checkbox"/> DC Source <input type="checkbox"/> DC from others If others; Please explain
	Operating Voltage or Voltages Operating Frequency RF Range (if any) Input Current
	Multiple power Feeds <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, No. of Power feeds
	Current (<i>Max</i>) (A); Power Consumption (<i>Max loaded</i>) (W)

Office Address

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The EUT employees multiple modes of operation / Configuration	<input type="checkbox"/> Yes <input type="checkbox"/> No Can they be tested simultaneously? <input type="checkbox"/> Yes <input type="checkbox"/> No
The EUT will be located in the following locations <i>(check all that apply)</i>	<input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Hospitals <input type="checkbox"/> Doctor's Clinic <input type="checkbox"/> Automotive <input type="checkbox"/> Others
The environmental classification of the EUT is <i>(check all that apply)</i>	<input checked="" type="checkbox"/> Class A <i>(equipment intended to be located in a commercial/industrial environment)</i> <input checked="" type="checkbox"/> Class B <i>(equipment intended to be located in a domestic/residential environment)</i>
Does product has any Electronic component's / Circuits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum operating frequency in the product	
Does the product has Wireless Features	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(No need to fill this section if NO Wireless features in the product)</i>
Are the Wireless Modules Certified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the product has multiple radio modules	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
List the different Wireless Frequencies in the product	<input type="checkbox"/> Bluetooth <input checked="" type="checkbox"/> WiFi <input type="checkbox"/> ZigBee <input type="checkbox"/> SRD <input type="checkbox"/> GSM/GPS <input type="checkbox"/> 2G/3G <input type="checkbox"/> Others.....
How all the Radio modules be operated	<input type="checkbox"/> Independently <input type="checkbox"/> Simultaneously

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Service Request for	<input type="checkbox"/> NABL <input type="checkbox"/> TEC <input type="checkbox"/> BIS <input type="checkbox"/> FCC <input type="checkbox"/> ILC <input checked="" type="checkbox"/> WPC <input type="checkbox"/> IC <input type="checkbox"/> KCC <input type="checkbox"/> NAVLP <input type="checkbox"/> CB <input type="checkbox"/> BEE <input type="checkbox"/> EESL <input type="checkbox"/> Others
Radio Frequency / Telecom Standard Requirement	ITU ETSI EN / TS IEEE
Test Requirements for	<input checked="" type="checkbox"/> Complete <input type="checkbox"/> Partial
We will provide, along with support/monitoring equipment, the following number of samples for testing?	
The product will be ready for testing on	
Sample Risk Details (if any)	

Customer Signature, Name, Date & Seal .