#### To

#### M/s Cotecna Inspection SA / KOTEKNA GÖZETİM AŞ

Kosuyolu Mahallesi, Katip Salih Sokak,

No. 85 34718 Kadıkoy – Istanbul TURKEY

Phone: 0216 939 78 90-99

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| --- | --- |
| Applicant Name & Full sytle Address *( with address, Phone, Fax and Email address)* | Place of Manufacture or Production of the Product: |
| Name and Position of QA/QC representative *( with address, Phone, Fax and Email address)* |

#### Designation of the product for which conformity certification is requested

|  |  |  |
| --- | --- | --- |
| Description of Products, including catalogue number, type designation or other identifiers | Relevant StandardsNumberTitle:Date of Issue : | Relevant Specific Rule Number:Title :Date of Issue : |
|  |

#### Information on outsourced process related to the product:

1. Inspection :
2. Testing :
3. Consultancy :
4. Other :

#### (*the client shall declare all outsourced process used by him/her/it that will affect the conformity of the product certification process*)

#### We herewith declare that we will settle the costs related to this application. We herewith declare to be willing, on a positive result of the initial testing and assessment, to conclude within a specified time an agreement related to the certification of the products mentioned above.

Remark( if any ) : ……………………………………………………………………………………..

………………………………………………………………………………………

Date of Application ……………………………………………………………………………..

Name and position of the person authorized to sign on behalf of the applicant:

……………………………………………………………………………………………………………

( In Block Letters)

#### Signature : ………………………………………………………………………………………………