



# Request For Quote EMC and Product Safety

## Company Information

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

## Manufacturer Information

Same as above

**Manufacturer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

## Equipment Under Test (EUT) Description

**Model Designation:** \_\_\_\_\_

**EUT Description:** \_\_\_\_\_

\_\_\_\_\_

**Intended Use:** \_\_\_\_\_

**Intended Locations:** \_\_\_\_\_

**Available Options:** \_\_\_\_\_

\_\_\_\_\_

**Configurations to be Tested:** \_\_\_\_\_

\_\_\_\_\_

**Electrical Rating:** \_\_\_\_\_ **Vac/dc** \_\_\_\_\_ **Hz** \_\_\_\_\_ **Amps** \_\_\_\_\_

**Dimensions:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

Table Top  Floor Standing  Rack Mounted

\_\_\_\_\_



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## Objective of Testing

<p><b>EMC</b></p> <p><input type="checkbox"/> United States (FCC)</p> <p><input type="checkbox"/> Canada (ICES)</p> <p><input type="checkbox"/> European Union (CE Mark)</p> <p><input type="checkbox"/> Taiwan (BSMI)</p> <p><input type="checkbox"/> Japan (VCCI)</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Safety</b></p> <p><b>Standard(s) if known:</b> _____</p> <p><input type="checkbox"/> UL (US)                      <input type="checkbox"/> UL (Canada)</p> <p><input type="checkbox"/> CSA (US)                      <input type="checkbox"/> CSA (Canada)</p> <p><input type="checkbox"/> TUV Rheinland (US)   <input type="checkbox"/> TUV Rheinland (Canada)</p> <p><input type="checkbox"/> TUV Rheinland GS Mark</p> <p><input type="checkbox"/> TUV Rheinland CB Report</p> <p><input type="checkbox"/> TUV America (US)   <input type="checkbox"/> TUV America (Canada)</p> <p><input type="checkbox"/> TUV America GS Mark</p> <p><input type="checkbox"/> LVD Report (CE Mark)</p> <p><input type="checkbox"/> Machine Directive Report (CE Mark)</p> <p><input type="checkbox"/> Other _____</p>
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## Support Equipment to be Used During Testing

Equipment	Manufacturer	Model/ Part Number



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## Interconnecting Cables to be Used During Testing

Cable Type	Cable Length	Shielded
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list all known fundamental frequencies (if requesting EMC testing) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the product an intentional radiator?  Yes  No

Is the product intended for home use?  Yes (Class B)  No (Class A)

To aid us in providing a proper quote in a timely manner, please provide us with the following if available:

A) Block Diagrams and Schematics

B) Marketing Literature

C) Users or Technical Manual

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor Name: \_\_\_\_\_