



SIRIM QAS International Sdn. Bhd.
(Company No.: 199601037981 (410334-X))
 No.1, Persiaran Dato' Menteri, Section 2, P.O.BOX 7035,
 40700 Shah Alam, Selangor Darul Ehsan, Malaysia
 URL: www.sirim-gas.com.my
 General Line: +603-5544 6400
 Email: cserviceqas@sirim.my

TESTING SERVICES DEPT.
 Form No: **TCQS/FOR/02-1**
 Issue No. : 9 Rev : 0
 Page : 1 of 2
 Effective Date: 03/11/2020

PP 1

APPLICATION FOR TESTING SERVICES

Attention for: (Please tick at appropriate box)

- | | | |
|---|---|---|
| <input type="checkbox"/> Civil & Construction Section (CCST) | <input type="checkbox"/> Electrical & Electronics 1 Section (EEST1) | <input type="checkbox"/> Chemical & Consumer Section (CEST) |
| <input type="checkbox"/> Mechanical & Automotive Section (MAST) | <input type="checkbox"/> Electrical & Electronics 2 Section (EEST2) | <input type="checkbox"/> Plastics & Comp. Materials Sec. (PCST) |
| <input type="checkbox"/> Fire Protection Section (FPST) | <input type="checkbox"/> RF & EMC Section (RFEMCT) | <input type="checkbox"/> Sarawak Branch Office (SWST) |
| <input type="checkbox"/> Materials Integrity Section (MIST) | <input type="checkbox"/> Johor Branch Office (JBST) | <input type="checkbox"/> Sabah Branch Office (SBST) |
| <input type="checkbox"/> Penang Branch Office (PBST) | | |

For Customer who has filled up Product Details form TCQS/FOR/01-5, kindly complete Part A & Part D only.

A. INFORMATION

<i>Remark: The Applicant refers to customer who directly request for the job</i> <i>Note: The Applicant can also be the Manufacturer</i>	Quotation No.	
	No. of sample submitted	
	Purpose of Testing	<input type="checkbox"/> Product Certification Scheme <input type="checkbox"/> Meeting Regulatory Requirement (ST, SKMM, BOMBA, <input type="checkbox"/> Others (please specify)

B. APPLICANT'S INFORMATION

1. Name and Address of Applicant				
<i>Only person who has authority in relation to testing process, product quality and/or process should be named as contact person.</i> <i>Remark: The Applicant refers to customer who directly request for the job</i> <i>Note: The Applicant can also be the Manufacturer</i>	Company Name			
	Company Address			
		Postcode		
	Business Reg.			
	Contact Person 1		Position	
	Contact Person 2		Position	
	Phone No.		Fax No.	
	Email (for delivery of Test Report)		Website	
2. Name and Address of Manufacturer/ Factory				
<i>Only person who has authority in relation to testing process, product quality and/or process should be named as contact person.</i> <i>Remark: The manufacturer refers to individual or company responsible for the design and production of the goods/ product</i>	Manufacturer/ Factory Name			
	Manufacturer/ Factory Address (if different from above)			
		Postcode		
	Business Reg.			
	Contact Person 1		Position	
	Contact Person 2		Position	
	Phone No.		Fax No.	
	Email		Website	



SIRIM QAS International Sdn. Bhd.
(Company No.: 199601037981 (410334-X))
 No.1, Persiaran Dato' Menteri, Section 2, P.O.BOX 7035,
 40700 Shah Alam, Selangor Darul Ehsan, Malaysia
 URL: www.sirim-gas.com.my
 General Line: +603-5544 6400
 Email: cserviceqas@sirim.my

TESTING SERVICES DEPT.
 Form No: **TCQS/FOR/02-1**
 Issue No. : 9 Rev : 0
 Page : 2 of 2
 Effective Date: 03/11/2020

PP 1

C. PRODUCT INFORMATION

<i>Information on product intended for testing shall be provided clearly in this section.</i> <i>Note: The intended number of types/ model/ rating/ size shall be clearly specified as this would assist in preparing the quotation.</i> <i>(Please attach relevant documents such as technical drawing, photograph, component list, label or marking details, operation or service manual, circuit diagram etc.)</i>	Product Name			
	Trademark(s) / Brand(s)		Type(s):	
			Model(s):	
			Rating(s):	
			Size(s):	
	Standard/ Title (MS, BS, EN, JIS, etc.)/ Test Description			
	Product Description			
	Other Test Report No (if any)			

D. CONFORMITY STATEMENT

1. When there is **no statement of conformity** required, measurement uncertainty shall be included in the Test Report.
 2. Simple Acceptance Rule is used for Conformity Statement (e.g. PASS/FAIL) in the Test Report.
 3. Otherwise, please tick (/) if Acceptance Rule with Guard Band is required. Additional charge will be incurred accordingly.

E. COVENANT OF APPLICATION

I have read and agreed to abide by the "General Information, Terms and Conditions Relating to Acceptance of Products for Testing" (TCQS/DOC/02-1) or as stated in <http://www.sirim-gas.com.my/our-services/product-testing>

<i>An authorized representative of the applicant shall fill-up this section.</i>	Name		Signature & Applicant's stamp:
	Designation		
	Date		

FOR INTERNAL USE

JOB NUMBER	TYPE OF PAYMENT	PAYMENT		
	<input type="checkbox"/> Cash	Amount (RM) :		
	<input type="checkbox"/> Cheque / Bank Draft / Postal Order / EFT / IBG / RENTAS/ TT / CDM	Receipt No. :		
	(Payable to SIRIM QAS International Sdn. Bhd.)		Invoice No. :	
	Payment Reference No : _____		RECEIVED BY	
	<input type="checkbox"/> Credit Card : Visa / Mastercard		Signature :	
		Name :		
		Date :		

REMARK:

- **Additional copy of test report will be charged accordingly.**
- **Use appendix if required.**
- **Please refer to the Job No. for any enquiry.**

APPENDIX FOR SITE-TESTING

F. SITE-TESTING INFORMATION (if applicable)			
<i>Customers are requested to fill up complete information as required in Annex 1.</i>	Please specify as follows:		
	1. Environmental condition according to the Test Method	Temp:	Hum:
	2. Equipment calibration status and functionality check Please fill-up Annex 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	3. The laboratory has adequate testing facilities to meet the test requirement as specified in the standard. Please fill-up Annex 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ANNEX 1: Test Equipment List and Calibration / Verification Schedule (for Site - Testing)

(All equipment or gauges that are used to perform all tests shall be listed together with its model and serial number. Information on parameters calibrated, working range used for testing, frequency of calibration/verification and name of calibration laboratory shall be provided at relevant column).

Equipment (Name, Model, Serial No.)	Parameters Calibrated	Range Use for Testing	Date of Calibration	Name of Calibration Laboratory