



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. : 10 Rev : 0
 Page : 1 of 4
 Effective Date: 14/10/2022

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, Polymer & Composite Section (CPCT) |
| <input type="checkbox"/> Mechanical & Automotive Section (MAST) | <input type="checkbox"/> Electrical & Electronics 2 Section (EEST2) | <input type="checkbox"/> Materials Integrity Section (MIST) |
| <input type="checkbox"/> Fire Protection Section (FPST) | <input type="checkbox"/> RF & EMC Section (RFEMCT) | <input type="checkbox"/> Sarawak Branch Office (SWST) |
| <input type="checkbox"/> Penang Branch Office (PBST) | <input type="checkbox"/> Johor Branch Office (JBST) | <input type="checkbox"/> Sabah Branch Office (SBST) |

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				
<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 Name			
	Manufacturer Address (if different from above)			
		Postcode		
	Business Reg.			
	Contact Person 1	Position		
	Contact Person 2	Position		
	Phone No.	Fax No.		
	Email	Website		



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3. Name and Address of Factory

Only person who has authority in relation to testing process, product quality and/or process should be named as contact person.

Factory Name			
Factory Address (if different from above)			
	Postcode		
Business Reg.			
Contact Person 1		Position	
Contact Person 2		Position	
Phone No.		Fax No.	
Email		Website	

Remark: The factory refers to individual or company responsible for the design and production of the goods/ product

C. PRODUCT INFORMATION

Information on product intended for testing shall be provided clearly in this section.

Note: The intended number of types/ model/ rating/ size shall be clearly specified as this would assist in preparing the quotation.

(Please attach relevant documents such as technical drawing, photograph, component list, label or marking details, operation or service manual, circuit diagram etc.)

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

- When there is **no statement of conformity** required, measurement uncertainty shall be included in the Test Report.
- Please tick one (1) of the Acceptance Rule below required for Conformity Statement (e.g. PASS/FAIL) in the Test Report;

Simple Acceptance Rule or

Acceptance Rule with Guard Band **(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		



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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 (Payable to SIRIM QAS International Sdn. Bhd.)	Receipt No. :	
	Payment Reference No : _____	Invoice No. :	
	<input type="checkbox"/> Credit Card : Visa / Mastercard	RECEIVED BY	
		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.**

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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