



OPERATIONAL
DOCUMENT

OD CIG
022422
Section B.1

Pre-Licence Factory Inspection Questionnaire

TO BE COMPLETED BY THE LICENCE HOLDER

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Licence Holder Reference:
 Factory Reference:

OD CIG 022422 SECTION B.1

Questionnaire to be completed by the Licence Holder

B.1.1 B.1.1.1 Licence Holder's Holder registered name and address:	
Licence Holder's Holder registered name:	
Street and No.:	
Postal Code:	
City:	
Province:	
Country:	
Telephone: (incl. country code):	Country Code: _____ City Code: _____ Phone: _____
Fax: Mobile (incl. country code):	Country Code: _____ City Code: _____ Phone: _____
E-Mail:	
B.1.1.2 Licence Holder's Holder representative name and contact data:	
Name: Licence Holder representative name:	
Function Position:	
Telephone: (incl. country code):	Country Code: _____ City Code: _____ Phone: _____
Fax: Mobile (incl. country code):	Country Code: _____ City Code: _____ Phone: _____
E-Mail:	
B.1.2 Category(ies) of the products for which product(s) intended to be marked with the Certification Mark has been requested. List the kind of product (family name, e.g. vacuum cleaner), all brand(s) and/or trade names and type designation(s) references/model designations. <i>Product Category: For details refer to: ETICS - European Standard Database</i>	
B.1.3 Which Certification Mark is requested according to which standards? Please specify the requested type-approval procedure (e. g. ENEC, CCA or National).	

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Licence Holder Reference:
Factory Reference: