

Application for Product approval

Name and address of applicant

Contact person

Name:

Name:

Address:

Address:

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Telephone:

Telephone:

Telefax:

Telefax:

E-mail:

E-mail:

Website:

Mobile/Direct number:

VAT identification number:

Purchase ref.:

Invoice to (if other than applicant): _____

With reference to enclosed documents we apply for revision/prolongation of the approval No: _____

With reference to enclosed documents we apply for approval of the product _____
(trade name)

Intended use of the product _____

Documents enclosed to the application. We prefer the documentation in digital form, -.doc -.pdf

- Technical basis (test reports/assessments)
- Associated documents with maximum size A3 (drawings/installation instructions etc.). Please mark these documents with the company name and No./date or similar edition marking. Design-, installation- and similar instructions have to be translated into Swedish.
- Instructions for factory production control and supervisory production control.
- Marking label/Description of the marking

.....
(Place and date)

.....
(Signature)

Please send the application to : **SP SITAC**
 Box 553
 SE-371 23 KARLSKRONA
 Tel: +46 (0)10-516 63 00
 Fax: +46 (0)455-206 88
 E-post: info@sitac.se