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| **VÚTCH - CHEMITEX, spol. s r.o.**  Rybníky 954/10, 011 68 Žilina, Slovak Republic  Tel.: +421-41-76 45 519, 72 46 504 E-mail: [vutch@vutch.sk](mailto:vutch@vutch.sk) Web: www.vutch.sk |

**A P P L I C A T I O N**

**for tests performed in the accredited testing laboratories**

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| --- | --- | --- |
| **To be completed by**  **VÚTCH-CHEMITEX, spol. s r. o.** | Registered on:    .................................................. | Registration number:  .................................................. |

1. **APPLICANT**

|  |  |
| --- | --- |
| Company name: |  |
| Seat of the company (address): |  |
| Company registration number: |  |
| VAT registration number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Represented by (statutory representative):** | | **Person entitled to negotiate:** | |
| Name: |  | Name: |  |
| Position: |  | Position: |  |
| Telephone: |  | Telephone: |  |
| E-mail: |  | E-mail: |  |

1. **PRODUCT INFORMATION**

|  |  |  |
| --- | --- | --- |
| 1. | Name, type: |  |
| Material composition: |  |
| Colour: |  |
| Quantity: |  |
| Other characteristics: |  |
| 2. | Name, type: |  |
| Material composition: |  |
| Colour: |  |
| Quantity: |  |
| Other characteristics: |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

1. **REQUIRED TESTS**

|  |  |  |
| --- | --- | --- |
| **No.** | **Name of the test** | **Standard** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |
| 11. |  |  |
| 12. |  |  |
| 13. |  |  |
| 14. |  |  |
| 15. |  |  |

1. **TEST REPORT \***

|  |
| --- |
| * in Slovak |
| * in Czech |
| * in English |

1. **OTHER REQUIREMENTS**

|  |
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|  |

1. **AGREEMENT OF THE APPLICANT**

The applicant **agrees/does not agree**\* that if necessary, if the tests cannot be carried out at the executor VÚTCH - CHEMITEX, spol. s r.o. (e.g. because the required tests are not accredited, the tests cannot be done due to temporary malfunction of the device etc.), the executor will ensure their execution in the frame of external co-operation with other accredited testing laboratories.

|  |  |  |  |
| --- | --- | --- | --- |
| In ................................ | On ............................. | ...................................... | ..................................... |
|  |  | Name of authorized representative | Signature, stamp |

Notice: \* delete as appropriate.