

**ORDERING FORM  
TESTING**

**CONFIDENTIAL**



**CUSTOMER DETAILS**

Company Name:		
Postal Address:		
Office Address:		
Telephone:	Facsimile:	E-mail:
Company Enterprise No:		
Contact Person:		Customer Reference:
Telephone:	Facsimile:	E-mail:

**EQUIPMENT SPECIFICATIONS**

**Type of Equipment**

<b>Telecommunications Equipment:</b>			
<input type="checkbox"/> Telephone Set	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Facsimile	<input type="checkbox"/> Modem
<input type="checkbox"/> Alarm/Remote Control	<input type="checkbox"/> ISDN Equipment	<input type="checkbox"/> Digital Leased Lines	<input type="checkbox"/> Analogue Leased Lines
<input type="checkbox"/> PABX (specify below)		<input type="checkbox"/> Other (specify below)	<input type="checkbox"/> xDSL
<b>DECT:</b>			
<input type="checkbox"/> Portable Part	<input type="checkbox"/> Fixed Part	<input type="checkbox"/> System	<input type="checkbox"/> Other (specify below)
<b>Maritime Radio:</b>			
<input type="checkbox"/> MF/HF	<input type="checkbox"/> VHF/UHF	<input type="checkbox"/> Selcall	<input type="checkbox"/> Navtex
<input type="checkbox"/> Search and Rescue	<input type="checkbox"/> SART	<input type="checkbox"/> Other (specify below)	
<b>Landmobile Radio:</b>			
<input type="checkbox"/> Private Network	<input type="checkbox"/> Public Network	<input type="checkbox"/> Pager	<input type="checkbox"/> Remote Control
<input type="checkbox"/> Alarm/Movem. Detector	<input type="checkbox"/> PR 27	<input type="checkbox"/> Wireless Microphone	<input type="checkbox"/> Others (specify below)
<b>Broadcasting:</b>			
<input type="checkbox"/> Transposer	<input type="checkbox"/> Transmitter	<input type="checkbox"/> Other (specify below)	
<b>Aeromobile:</b>			
<input type="checkbox"/> Communication	<input type="checkbox"/> Search and Rescue	<input type="checkbox"/> Other (specify below)	
<b>FCC:</b>			
<input type="checkbox"/> Part 15	<input type="checkbox"/> Part 68	<input type="checkbox"/> Other (specify below)	
<b>Other Type of Equipment (Please specify):</b>			

**Nemko Comlab AS**  
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Fax: +47 64 84 57 05  
<mailto:post@comlab.no>  
<http://www.comlab.no/>

Order Form for Testing  
Nemko Comlab AS

**Equipment Details**

Product name:
Model/Version No:
Software Identity and Version No:

**Manufacturer**

Company Name:
Address:

**TEST SPECIFICATIONS**

**Complete Measurements**

<b>Technical Basis for Regulations:</b>					
<input type="checkbox"/> TBR 3 Layer 1	<input type="checkbox"/> TBR 3 Layer 2 & 3	<input type="checkbox"/> TBR 4 Layer 1	<input type="checkbox"/> TBR 4 Layer 2 & 3	<input type="checkbox"/> EN 301 406 (TBR 6)	
<input type="checkbox"/> TBR 8	<input type="checkbox"/> TBR 10	<input type="checkbox"/> TBR 12	<input type="checkbox"/> TBR 13	<input type="checkbox"/> TBR 14	
<input type="checkbox"/> TBR 15	<input type="checkbox"/> TBR 17	<input type="checkbox"/> TBR 21	<input type="checkbox"/> TBR 22	<input type="checkbox"/> EN 301 437	
<input type="checkbox"/> TBR 38	<input type="checkbox"/> Advisory Notes to TBR 21/EN 301 437	<input type="checkbox"/> Others (specify below)			
<b>Radio Equipment</b> (European Telecommunications Standards):					
<input type="checkbox"/> ETS 300 086	<input type="checkbox"/> ETS 300 113	<input type="checkbox"/> ETS 300 135	<input type="checkbox"/> ETS 300 162	<input type="checkbox"/> ETS 300 219	<input type="checkbox"/> FCC15
<input type="checkbox"/> EN 300 220	<input type="checkbox"/> ETS 300 224	<input type="checkbox"/> ETS 300 328	<input type="checkbox"/> EN 300 330	<input type="checkbox"/> ETS 300 422	
<input type="checkbox"/> ETS 300 440	<input type="checkbox"/> ETS 300 454	<input type="checkbox"/> ETS 300 698	<input type="checkbox"/> ETS 300 720	<input type="checkbox"/> Others (specify below)	
<b>EMC, Safety and Protection:</b>					
<input type="checkbox"/> Protection ISDN PRA	<input type="checkbox"/> Protection ISDN BA	<input type="checkbox"/> ETS 300 279	<input type="checkbox"/> ETS 300 339	<input type="checkbox"/> ETS 300 682	
<input type="checkbox"/> ETS 300 683	<input type="checkbox"/> EN 301 489 - <input type="checkbox"/>	<input type="checkbox"/> EN 50081-1	<input type="checkbox"/> EN 50081-2	<input type="checkbox"/> EN 50082-1	<input type="checkbox"/> EN 50082-2
<input type="checkbox"/> EN 60 950	<input type="checkbox"/> Others (specify below)				
<b>Other Regulations or Standards</b> (Please specify):					

### Limited Measurements

Please specify regulations/standards and paragraphs:

### Documentation

The following documentation will be submitted (Please tick off or specify below)

- Users Guide    Technical Specifications    Circuit Diagram/List of Materials    Block Diagram (Showing the use of the equipment)

Specification of other type of documentation submitted:

### Accessories

The following accessories will be submitted (Please tick off or specify below):

- Testbox/Jig    Audio Connectors    Power Connectors    RF Connection    Battery Charger    Batteries

Specification of other type of accessories submitted:

**Reservation**

Please indicate the preferred date for start of the test:
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**ADDITIONAL INFORMATION**

Other information that may be relevant for the test:
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**CONFIRMATION**

Company Stamp:	Place and Date:
	Name:
	Signature:  I declare that I have read and understood the Nemko Comlab "Business Terms" .