



REQUEST FOR QUOTATION – Compliance Assistance

| | | | |
|---------|-----|------------------------|----------------------------------------------------------|
| Company | | Country | |
| Name | | E-Mail | |
| Address | | Website | |
| City | | 2nd Contact | |
| State | Zip | 2 nd Phone | |
| Phone | Ext | 2 nd E-Mail | |
| Cell | | Quote to 2nd? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Are you a: Manufacturer Distributor Designer / Prototype Builder Other _____

Do you have experienced Regulatory Staff? Yes No

Product Information

| | |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description / Name: | |
| Model / Models: | |
| Model Differences (Use Separate attachment if needed)) | |
| Purpose / Use: | |
| Intended Environment: | |
| Voltage _____ Phase _____ Type <input type="checkbox"/> AC <input type="checkbox"/> DC | <input type="checkbox"/> Cord Connected <input type="checkbox"/> Permanent Connection |
| Current _____ Frequency _____ | Non-Electrical? _____ |
| Picture/Drawing | <input type="checkbox"/> Attached <input type="checkbox"/> Sending Separately <input type="checkbox"/> Not available <input type="checkbox"/> Other _____ |

Project Stage – “UL” Process not started

| | | | |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Conceptual / Design | <input type="checkbox"/> Have Engineering Drawings | <input type="checkbox"/> Parts and Vendors Selected | <input type="checkbox"/> Have Installation / User Manual? |
| <input type="checkbox"/> Other _____ | | | |
| <input type="checkbox"/> Prototype | <input type="checkbox"/> Waiting for Lab (UL/CSA) to Respond | <input type="checkbox"/> Preparing to avoid (UL) Delays | |
| <input type="checkbox"/> Have Installation / User Manual? <input type="checkbox"/> Other _____ | | | |

Project Stage – “UL” Process started

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Prototype | <input type="checkbox"/> Waiting for Lab (UL/CSA) to Respond | <input type="checkbox"/> Preparing to avoid (UL) Delays | |
| <input type="checkbox"/> Have Installation / User Manual? <input type="checkbox"/> Other _____ | | | |
| <input type="checkbox"/> Product Submittal | <input type="checkbox"/> Waiting for Lab Response | <input type="checkbox"/> Waiting for EE | <input type="checkbox"/> Gathering Info after non-compliance |
| <input type="checkbox"/> Post EE Re-evaluation <input type="checkbox"/> Re-test after failure <input type="checkbox"/> Waiting for Quote <input type="checkbox"/> Preparing to avoid Further Delays | | | |
| If Submitted, which Lab?: <input type="checkbox"/> UL <input type="checkbox"/> ETL <input type="checkbox"/> CSA <input type="checkbox"/> TUV <input type="checkbox"/> MET <input type="checkbox"/> Other _____ | | | |
| If Certified, Testing Laboratory File Number(s) - _____ | | | |



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Countries to be sold in:

| | | | | | | | | | | | | | | | | | |
|-------------------------------------------------|--|--|--|--|--|----------------------------------|--|--------------------------------------|--|---------------------------------|--|------------------------------------|--|---------------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> US & Canada | | | | | | <input type="checkbox"/> US Only | | <input type="checkbox"/> Canada Only | | <input type="checkbox"/> Europe | | <input type="checkbox"/> Mexico | | <input type="checkbox"/> Others _____ | | | |
| Do you know the applicable Standards? | | | | | | | | | | | | <input type="checkbox"/> Yes _____ | | <input type="checkbox"/> No | | <input type="checkbox"/> Not Sure | |
| (Europe) Do you know the applicable Directives? | | | | | | | | | | | | <input type="checkbox"/> Yes _____ | | <input type="checkbox"/> No | | <input type="checkbox"/> Not Sure | |

Other Information:

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| How did you hear about CertifiGroup? _____ | |
| When do you need this Quote? _____ | When are you ready to start testing? _____ |
| What is your targeted completion date? _____ | What is your targeted shipping date? _____ |
| Where do you want the evaluation to take place: <input type="checkbox"/> Your facility <input type="checkbox"/> CertifiGroup Laboratory | |
| <input type="checkbox"/> Other Location? _____ | |