Test Request Form

" * " Fields in red are mandatory

APPLICANT DETAILS
* Applicant:_____ * Address: _____ * Contact Person: _____ * Email: _____ Phone: _____

SERVICE REQUIRED			
☐ Regular	☐ Express	☐ Double Express	☐ Emergency

INFORMATION REQUIRED	
Display Name	
*Sample /Cert #	
*[1]ASIN	
*UPC	
*Item Name	
*Product Category	
*Product Description	
*Manufacturer Name	
*Brand Name	
If other items, please specify:	

☐ By checking this box, I authorize **TÜV SÜD Group** to share all test results, reports, and related documentation from this testing request directly with Amazon for the purpose of verifying compliance with Amazon's product safety and quality requirements. I understand that Amazon may use these results to evaluate product compliance and make listing decisions.

Remark:

[1] ASIN is Amazon unique product number, it is **Mandatory** if it is an existing listing at Amazon, **Optional** if it is a new listing and the seller does not have it.

THE ABOVE REQUESTED INFORMATIONS ARE SUBJECT TO THE TERMS & CONDITIONS SET FORTH BY THE RESPECTIVE TÜV SÜD LABS.	
Authorized Signature / Company Stamp / Date:	Checked & Received by TÜV SÜD / Date & Time:

We agree that all the information above will be published are subjected to the "General Terms and Conditions" of the relevant TÜV company and the "Testing and Certification Regulations" of TÜV SÜD Group. Both documents can be received as printed version on request or downloaded from the following websites:
https://www.tuvsud.cn/zh-cn/resource/terms-and-conditions---en

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