



? **Change notification for product testing according to CB, NRTL, and TÜV SÜD mark scheme and for testing without certification**
Plans for substantial change(s) to the product

? **Manufacturer:**

? **Application identification:**

Please send this application to your local contact at the TÜV SÜD Group.

Manufacturer

Company name:	<input type="text"/>
Address:	<input type="text"/>
Contact person:	<input type="text"/>
Tel:	<input type="text"/>
Email:	<input type="text"/>

Affected certificates/certificate numbers/test reports

Change notification for product testing according to CB, NRTL, and TÜV SÜD mark scheme and for testing without certification
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Manufacturer:

Application identification:



a) Description of the planned change(s)

Additional information in Appendix F:

Affected devices and accessories:



Change(s) of User Manual/Service Manual/Labelling/Markings/Type Plate:

Change(s) software:

Change(s) hardware:

Change(s) functions:

Change(s) affecting usability:



Change(s) risk management/risk analysis:

Additional changes:

b) Reason for change(s)

Additional information in Appendix F:

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Manufacturer:

Application identification:

c) List of submitted documents

Additional information in Appendix F:

d) Timeline and outcome

Desired date for provision of test results
(without retest):

 / /
Month Day Year

Date of availability of test samples and documents:

 / /
Month Day Year

Outcome of the evaluation:

Please choose **one** option:

- Amendment report
- Certification
- Further information needed (call-back service)

Name of the undersigned:

Function of the undersigned:



Signature: _____

Place: _____ **Date:** _____