



Client: \_\_\_\_\_

File Number: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Time of Arrival: \_\_\_\_\_

Time of Departure: \_\_\_\_\_

LabTest Inspector: \_\_\_\_\_

Signature: \_\_\_\_\_

Client Contact: \_\_\_\_\_

Signature: \_\_\_\_\_

**1. Manufacturer's Registered Name and Factory Location:**

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**2. Contacts, Telephone, Fax, E-mail:**

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**3. Directions for reaching the manufacturing facility:**  Map attached

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**4. Administration Office address, Telephone, Fax, E-mail (if different than 1. above):**

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**5. Applicant's name and address (if different from 1. above):**

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**6. Contact names and functions in the manufacturing facility (including the management representative responsible for product certification):**

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*LabTest Certification Inc.*  
**Request For Initial Factory Inspection**



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**11. Certification Marks granted by other Certification Bodies for the products in 8.**

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**12. Certification of the Manufacturer Quality System (attach copy of registration certificate):**

certificate attached     not certified

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**13. Verification and Agreement to permit the LabTest inspectors to enter manufacturing facility:**

**We confirm that the information in 1. through 12. above is correct and accurate to our best knowledge.**

**We agree that the LabTest Inspectors may enter all locations of the manufacturing locations including receiving inspections and any other areas which are essential for conformity of our final products with the relevant standards. The LabTest Inspectors may enter these locations and areas during normal working hours, after having advised any person from the list in 6. above.**

\_\_\_\_\_  
Manufacturer's Representative

\_\_\_\_\_  
Place

\_\_\_\_\_  
Name and Position

\_\_\_\_\_  
Date