

**Request for Quotation
Information Gathering Form for EMC Testing**

Applicant Information

*Company Name: [Click here to enter text.](#)

Website: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City: [Click here to enter text.](#)

Province/State: [Click here to enter text.](#)

Country: [Click here to enter text.](#)

Postal/Zip Code: [Click here to enter text.](#)

*Contact Name: [Click here to enter text.](#)

Department: [Click here to enter text.](#)

*Email Address: [Click here to enter text.](#)

*Telephone Number: [Click here to enter text.](#)

* = Required Fields

Product Information

Model Number: [Click here to enter text.](#)

Brief description of product and its intended use/application:

[Click here to enter text.](#)

Equipment Web Link (if applicable): [Click here to enter text.](#)

Category:

☐ Residential ☐ Commercial ☐ Other – Please specify: [Click here to enter text.](#)

Target Market:

☐ Canada/USA ☐ Europe ☐ Other – Please specify: [Click here to enter text.](#)

Test Objectives – If known, please state the applicable standard(s): [Click here to enter text.](#)

Test

Compliance:

☐ Pre ☐ Full

Radio Modem:

☐ None ☐ Included

Power Requirements:

☐ 120 VAC /60 Hz ☐ 230 VAC /50 Hz ☐ _____DC ☐ AC Power Adapter

☐ Other – Please specify: [Click here to enter text.](#)

File Attachment

This section provides the necessary details for the Equipment Under Test (EUT). Descriptions of the equipment, including software and documentation on installation and operations, should be provided.

Please include any other information necessary for test plan completion. For additional information on how to complete your test plan, please contact LabTest.

The following files for the EUT would be greatly appreciated:

- Manual
- Photos
- Schematics
- Operating Description

Special instructions or other information you would like us to know:

Other information you would like us to know:

[Click here to enter text.](#)

[Submit](#)