



REQUEST FOR BATCH INSPECTION / TESTING

(Product Listing Scheme: Scheme Type 1b)

ABOUT THIS FORM

Information on this form shall be kept strictly confidential.

Please return completed form to :

**Singapore Test Services Pte Ltd
Certification**
249 Jalan Boon Lay. S(619523)
Attention : Head, Certification

(I) APPLICANT'S DETAILS

Name of organization: _____

Project Name & Address: _____

BP No: _____ Job No: _____

Contact person: _____ Designation: _____

Tel: _____ Mobile: _____ Email: _____

(II) PRODUCT DETAILS

NOTE : Please submit details for each product, duplicate this Part(II) if insufficient space

Product Name / Component:

CoC no.	Door installed location (eg. Lvl 5 Lobby A)	Product Description	Hr rating	Qty	Remarks/Ref No.	Label S/No. (For STS use)	
						From	To

--	--	--	--	--	--	--

Total Label requested: 0 nos

(III) RECORDS ON INSPECTION
(For STS Internal use only)

Door Frames		Door Components		Door Leafs	
Date Checked	Location / Ref No.	Date Checked	Location / Ref No.	Date Checked	Location / Ref No.

We declare that the above information is correct. And acknowledge the receipt of labels.

Name and Signature: _____

Company Name: _____

Date: _____