

## Table of Statements from the Agent of the Enterprise

Name and address of the inspection obligatory applicant \_\_\_\_\_

\_\_\_\_\_

Manufacturer \_\_\_\_\_

Address \_\_\_\_\_

TEL: \_\_\_\_\_

FAX: \_\_\_\_\_

Company representative \_\_\_\_\_

Manager in charge of production \_\_\_\_\_

Manager in charge of quality control \_\_\_\_\_

Location of manufacturing factory \_\_\_\_\_

TEL: \_\_\_\_\_

FAX: \_\_\_\_\_

Manager in charge of production \_\_\_\_\_

Manager in charge of quality control \_\_\_\_\_

Representative

Company name \_\_\_\_\_

Address in details \_\_\_\_\_

TEL: \_\_\_\_\_

FAX: \_\_\_\_\_

Personnel to contact with: \_\_\_\_\_