Attachment 1 Date of Application:

Commodity Type Classification Form

[Applicable to Infant Swings]

Applicant:_____ Address: _____
Tel.:_____ Fax:_____
Commodity Information:
I. C.C.C. Code:
II. Chinese name:
III. English name:
IV. Country of manufacture:
V. Type classification [Based on the country of manufacture. Infant swings manufactured in the same country are regarded as the same type. Among commodities of the same type, the infant swing with the greatest number of functions (e.g., electrical components, protective barriers, and hanging toy accessories) is regarded as the main type. Other infant swings of the same type are regarded as series types. Differences in color and pattern may be regarded as the same type and do not require separate testing.]

Main type

Main Type	Model/Specification	Material	Color Photograph	Remarks

Series type

Item No.	Model/Specification	Material	Color Photograph	Remarks
1				
2				
3				
4				

Notes: For multifunctional composite products (e.g., products incorporating toys), specify the additional functions in the Remarks column.

Document Checklist for Application for a Type-Test Report

☐ Commodity Type Classification Form for infant swings.

☐ Color photos of the infant swings (4 × 6 inch or larger-sized photos showing the front, rear, and side views of the product).

☐ Samples of Chinese labels.

☐ User instructions.

☐ Product information (please provide details as an attachment).

☐ Imported ☐ Domestically manufactured

☐ Description of commissioned manufacturing or manufacturer's agent:

☐ Product structure diagram and parts lists (including specifications, materials, and photos of each component):

☐ Other descriptions regarding the infant swings:

☐ Declaration of Materials Validation for infant swings.

☐ Samples: one sample of the main type and one sample of each series type shall be submitted. The acceptance body for type testing may require additional test samples if necessary.

<table>
<tr><td colspan="2">Preliminary Review
(Acceptance Body for Type Testing)</td><td>Completion of the Form
(Applicant)</td></tr>
<tr><td colspan="2">Preliminary review result (including type determination):</td><td>The obligatory inspection applicant:

Date: Year/Month/Day</td></tr>
<tr><td>Head of the Laboratory</td><td>Responsible Person</td><td>Signature / Seal of the obligatory inspection applicant</td></tr>
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