Attachment 1

Date of Application:

Commodity Type Classification Form

[Applicable to Soother Holder]

Applicant:_____ Address: _____

Tel.:_____ Fax:_____

Commodity Information:

I. C.C.C. Code:

II. Chinese name:

III. English name:

IV. Country of manufacture:

V. Type classification [Soother holder products from the same country of manufacture constitute the same type. Within the same type, the soother holder product with the maximum length and the minimum number of ventilation holes is the main type. Within the same type, those with numbers of ventilation holes other than that of the main type are series types. Differences in color and pattern may be regarded as the same type and do not require separate testing.]

Main type

Main Type	Number of Ventilation Holes	Length	Color Photograph	Remarks (Model No./additional functions)

Series type

No.	Number of Ventilation Holes	Color Photograph	Remarks (Length/Model No./additional functions)
1	,		
2			
3			

Notes: 1. For multifunctional composite products (e.g., toy), specify the additional functions in the Remarks column.

2. Each series type shall specify all Model No. and their measured length.

Document Checklist for Application for a Type-Test Report

☐ Commodity Type Classification Form for the Soother holder.

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

☐ Samples of Chinese labels.

☐ 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 Soother holders:

☐ Declaration of Materials Validation for Soother holders.

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

Preliminary Review (Acceptance Body for Type Testing)		Completion of the Form (Applicant)
Preliminary review result (including type determination):		The obligatory inspection applicant: Date: Year/Month/Day
Head of the Laboratory	Responsible Person	Signature / Seal of the obligatory inspection applicant