**Technical Standards Conformity Approval Application Form**

Date (Y/M/D) :

To : Telecom Engineering Center (TELEC), General Incorporated Foundation

|  |  |  |
| --- | --- | --- |
| Applicant | Postcode | : |
|  | Address (Headquarters) | : |
|  | Corporate name | : |
|  | Post and full name of representative | : |
|  | Department | : |
|  | Name of person in charge  (seal/ signature) | : |

\* I appoint the following agent, and delegate authority relating to application procedures concerning Technical Standards Conformity Approval. (Affix Power of Attorney)

|  |  |  |
| --- | --- | --- |
| Applying agent | Postcode | : |
|  | Address | : |
|  | Corporate name | : |
|  | Position,  Name of person in charge  (seal/ signature) | : |

I apply in agreement with contract provisions concerning Certification of Type and Technical Standards Conformity Approval for Terminal Equipment relating to

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| ☐ technical standards conformity approval for terminal equipment according to Article 53  (Serial No. (Attach a separate sheet for multiple items)) |
| ☐ certification of type according to Article 56, paragraph 1 |

of the Telecommunications Business Act with the appended annex of the technical standards conformity approval application and attached materials.

\* When applying power of attorney, state the mandator and others. This is not required when there is no power of attorney. Please attach the Power of Attorney.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Application classification | | | ☐ New | ☐ Partial change  (Same No.) | | ☐ Partial change  (Different No.) |
| Type of terminal equipment | | Terminal equipment to be connected to analog telephone facilities or cellular phone facilities | ☐ Telephone set | | ☐ Modem | |
| ☐ Facsimile | | ☐ Other terminal equipment | |
| ☐ Key Telephone System  (No. of lines: ) | | ☐ PBX (No. of lines: ) | |
| ☐ Cellular phone (Telecommunication system: ) | | | |
| ☐ Terminal equipment to be connected to wireless paging equipment | | | | |
| ☐ Terminal equipment to be connected to ISDN facilities | | | | |
| ☐ Terminal equipment to be connected to leased line facilities (Interface type: ) | | | | |
| Terminal equipment to be connected to internet protocol telephone facilities | ☐ Telephone set | | ☐ Facsimile | |
| ☐ Key Telephone System | | ☐ PBX | |
| ☐ Other terminal equipment | |  | |
| ☐ Terminal equipment to be connected to internet protocol cellular phone facilities  (Telecommunication system: ) | | | | |
| ☐　For terminal equipment using radio waves (Radio equipment specified in Article 2, paragraph 1, item \_\_\_\_of the Certification Ordinance of the Radio Act) | | | | |
| Terminal equipment name | | |  | | | |
| Terminal equipment manufacturer’s name | | |  | | | |
| Terminal equipment submission | | | ☐ Yes | | ☐ No | |
| Test results reports submission | | | ☐ Yes | | ☐ No | |
| Presence of an electromagnetic label | | | ☐ Yes | | ☐ No | |
| For partial change equipment \* | Statement of confirmation method | | ☐ Yes | | ☐ No | |
| Approval and certification No. | |  | | | |
| Dissimilarity | | (See Annex) | | | |
| Applicant’s ISO9001 approval | | | ☐ Yes | ☐ No  Location  Manufacturing plant name  Manufacturing plant’s ISO9001 approval　☐ Yes ☐ No | | |
| Contact address | Postcode, Address  Department  Full name  Telephone  E-mail or Fax | |  | | | |

\* This is not required when the application classification is new.

Annex

Dissimilarity of approved terminal equipment when partially modified

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of modification (Note) | Content of dissimilarity | | | | reference |
| Place of disparity | New | Old | Electrical characteristics |
|  |  |  |  |  |  |
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Note: Please mark the applicable item from the numbers below.

① Name change

② Change of statement of confirmation method

③ Minor type change of approved terminal equipment type