

**Application No.:**

## **Application Form**

### **For Manufacture Licensing of Special Equipment of the People's Republic of China**

**Manufacturer:**

**Equipment Category:**

**Type of application:**

**Application Date:**

**General Administration of Quality Supervision  
Inspection and Quarantine of the People' Republic of China  
(A Q S I Q)**

**TSZS009\_2003**

### Basic Conditions of Application Manufacturer

Full Name of Manufacturer				
Address of Manufacturer				
Country / Region			Corporate Representative	
Liaison			Phone Number	
Facsimile Number			E-mail Address	
Post Code			Website Homepage	
Date of Establishment			Total Employees	
Management Representative			Position of Management Representative	
<b>Registration or Certification Achieved</b>	Items under Registration or Certification	Certification Organization	Date of issue	Date of Expiration

### Application Agent

Full Name				
Address _Postcode				
Organization Code			Corporate Representative	
Representative on Manufacturer's Behalf			Phone Number	
E-mail Address			Facsimile Number	

**Category of Licensing Applied**

( Mark “O” in the column of “Licensing Held” for licensing holder, and mark “√” in the column of “New Applicant” for new application, license renewal or application for scope extension)

Category	Classification	Level	Manufacture Range	Typical Products	Licensing Held	New Applicant	Type Testing Organization

**Declaration and Signature of Applicant**

I hereby declare that my party is willing to apply for the Manufacturer Licensing by following the provisions on the “Supervision Administration Regulation for Manufacture of Boilers and Pressure Vessels”. My party will accept the review, survey and assessment, product (sample) inspection & testing, and engage our full guarantee for product quality by following relevant regulations, and accept subsequent surveillance & product supervisory inspection, and provide the necessary working conditions, and pay the relevant fees and expenses as stipulated.

Corporate Representative of Applicant:  
(Signature)

Position:

Date:













### Main Inspection and Testing Instrument and Equipment

No.	Name of Instrument and Equipment	Capacity	Quantity

### Capability of Self-Calibration of Instrument and Equipment

No.	Name of Instrument and Equipment	Calibration Scope

<b>Sub-contract</b>		
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No.	Sub-contracted Item	Name of Sub-contractor

<b>Submitted Documents</b>		
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No.	Document Title	Number of Sheet or Page

**Acceptance views and result of General Administration of Quality Supervision, Inspection and Quarantine of the P. R. of China:**

**Signature of Person in Charge:**

**Date:**

**Acceptance number:**

**Remarks**