**RSP-100, Form A – Applicant and Agreement for Certification Services**

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| **Certification Applicant** |
| Company Name: |       | Contact Name: |       |
| ISED Company Number: |       | Telephone: |       |
| Company Address: |       | Fax: |       |
| Email: |       |

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| **Canadian Representative** |
| Company Name: |       | Contact Name: |       |
| ISED Company Number: |       | Telephone: |       |
| Company Address: |       | Fax: |       |
| Email: |       |

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| **Manufacturer Information** |
| Company Name: |       |
| ISED Company Number: |       |
| Company Address: |       |

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| **Product Information** |
| Product Description: |       | ISED Certification Number: |       |
| PMN: |       | FVIN: |       |
| HVIN: |       |
| RSS(s) and Issue #: |       |
| Type of Certification: | [ ]  New Single Certification[ ]  New Family Certification[ ]  Existing Family (C1PC)[ ]  Modifications (C2PC, C3PC, C4PC)[ ]  Multiple Listing[ ]  Full Transfer of Certification[ ]  Partial Transfer of Certification | HMN:  |        |
| [ ]  Modular Approval (MA)[ ]  Limited Modular Approval (LMA) |

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| **Application Agreement Signature** |
| The applicant agrees to:1. accept responsibility for all Intertek Testing Services Hong Kong Limited and ISED charges arising from this application;
2. meet all requirements in accordance with Radio Standards Procedure RSP-100 and other applicable procedures;
3. warrant that the information, documents and test results submitted are a true representation of the characteristics of the equipment type for which certification is requested;
4. inform Intertek Testing Services Hong Kong Limited of any changes to the information submitted; and
5. accept the FCB Certification Terms and Conditions of Intertek Testing Services Hong Kong Limited (Version 2, Dec. 2022) posted on <https://www.intertek.com.hk/electronics/fcb/>.

The applicant declares that the equipment under this application has not been subjected to the modification services provided by Intertek Testing Services Hong Kong Limited. |
| Contact Name:[ ]  Applicant /[ ]  Authorized Agent  |       | Contact Person Title and Company Name: |            |
| Signature: |  | Signature Date: |       |