



Quotation Request Form

888-567-6860
Fax: 402-323-6238
sales@nceelabs.com

For internal use only
Date rec'd:
Rec'd by:
Date contacted:
MTO#

Please fill out this form completely to better help us to serve your needs. If you have any questions please contact us.

Contact Info

Today's Date: _____

Company name: _____

Address: _____

Contact person: _____ Email: _____

Phone #: _____ Fax #: _____

General Product Information

Model number(for multiples, provide a separate list with the models and descriptions): _____

Model Description (please send product literature) _____

Physical Dimensions (specify unit of measure) L/W/H: _____ Weight: _____

Intended use of Product: _____

Locations of intended use

- Home/Consumer
- Office
- Laboratory
- Industrial
- Hospital/Clinic

- Environment:
- Normal/Dry
 - Damp/Wet
 - Hazardous

If industrial, describe area of intended use: _____

Typical configuration

- Floor Standing
- Tabletop

Power Sources

- Electrical Voltage: _____ Phases: _____
- Frequency: _____ Current Max (/phase): _____
- Other _____

General Compliance Needs for Regions:

- USA
- European Union
- Europe (other)
- Canada
- Mexico
- Japan
- Asia
- Other _____

Specific Compliance Services for North America:

- FCC
- OSHA NRTL Services
- Other

Specific Compliance Services for European Union:

- EMC Directive (2014/30/EU)
- Low Voltage Directive (2014/35/EC)
- Machinery Directive (2006/42/EC)
- Medical Device Directive (2006/42/EC)
- AIMD Directive (90/385/EEC)
- Toys (2009/48/EC)
- RED (2014/53/EU)
- Other: _____



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Specific Testing Information

EMC Testing Information

Setup time for product: _____ Number of external I/O cables longer than 10 feet: _____

Number of configurations or options available (Send additional information) _____

Maximum Clock/Oscillator Frequency: _____ Number of operating modes: _____

Minimum time for the product to run one cycle: _____

Time for product to recover from interruption/reset: _____

Number of external power cables: _____ Wires in each: _____

Does the product include a RF transmitter? YES (Carrier freq: _____) NO

Does the product include a RF receiver? YES NO

Environmental Testing Information

Type of cycling required

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Temperature | <input type="checkbox"/> Vibration |
| <input type="checkbox"/> Humidity | <input type="checkbox"/> Salt Fog |
| <input type="checkbox"/> Dust Ingress | <input type="checkbox"/> Other _____ |

Duration of testing(specify unit of measure) _____

Product qualifications or standards

- MIL-STD 810F
- 60068-2-xx
- Others _____

Safety Testing Information

Enclosure: <input type="checkbox"/> Metal	Connection to Supply: <input type="checkbox"/> Terminal Block
<input type="checkbox"/> Plastic (flammability rating _____)	<input type="checkbox"/> Detachable Cord
<input type="checkbox"/> Both	<input type="checkbox"/> Non-Detachable Cord
<input type="checkbox"/> Other _____	<input type="checkbox"/> Internally Powered (Battery)

Documentation Requested: LVD Test Report without Photos/Schematics
 LVD Test Report with Photos/Schematics
 MDD/IVD/AIMD Test Report

Reporting Requirements

- Certification
- Technical Report with Photos
- Data Only

We look forward to helping you with your compliance needs.