**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

|  |
| --- |
| ☐ 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 | ☐ NoLocationManufacturing plant nameManufacturing plant’s ISO9001 approval　☐ Yes ☐ No |
| Contact address | Postcode, AddressDepartmentFull nameTelephoneE-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 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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