

BHUTAN INFOCOMM AND MEDIA AUTHORITY ROYAL GOVERNMENT OF BHUTAN

## Application form for Type Approval

Instructions for completion

1. Fill up all relevant parts in BLOCK letters. If a part is not applicable, write "N/A".
2. Tick where appropriate.
3. The completed form, together with the required supporting documents should be sent to Bhutan InfoComm and Media Authority.
4. Application form without complete information and documents shall be considered non responsive.

| Part A: Particulars of the Applicant |  |  |
| :---: | :---: | :---: |
| Name of Company: |  |  |
| Name of Applicant: |  |  |
| Company Address: | Fixed Line \#: | Fax \#: |
|  | PO Box: | Email: |
|  | Mobile \#: | Website: |
|  | Authorised Person Name: |  |
|  | Designation: |  |
| Part B: Details of the Equipment |  |  |
| Intended Use: | $\square$ Individual | Business |
| Name of the Equipment: |  |  |
| Brand/Trade Name: |  |  |
| Model Name/Number: |  |  |
| Serial Number/Code |  |  |


| Manufacturer's Name: |  |  |
| :---: | :---: | :---: |
| Manufacturer's Address: | Postal Address: |  |
|  | Phone No: |  |
|  | Contact Person: |  |
|  | Email ID: |  |
| Country of Import: |  |  |
| Acceptance Test Information: | Factory Acceptance Test Performed?Yes No |  |
|  | Date of FAT and Time: | Place of Test: |
|  | Site Acceptance Test Performed?$\square$ Yes $\square$ No |  |
|  | Date of SAT and Time: | Place of Test: |
| Part C: Documentation |  |  |
| 1. $\square$ Copy of Operation and Technical document2. $\square$ EMR Test Report (Only for Radiocommunication Equipment)3. $\square$ Signed Declaration of Conformity4. $\square$ Copy of Business License5. $\square$ Copy of Citizenship Identity Card |  |  |

Part D: Payment
Application fee per device: USD 20.00 / Nu. 1000.00 (Individual Purpose) / Nu. 1500.00 (Business Purpose) - [To be paid after the application review]

Part D: Declaration

All the information and documents submitted along with this application form are to the best of my /our knowledge true and correct.

Signature of the applicant:
Name:
Date: (Company Seal)

