

? Change notification for product testing according to CB, NRTL, and TÜV SÜD mark scheme and for testing without certification
Plans for substantial change(s) to the product



? Manufacturer:

? Application identification:

Please send this application to your local contact at the TÜV SÜD Group.

Manufacturer

Company name:
Address:

Contact person:
Tel:
Email:

Affected certificates/certificate numbers/test reports

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Manufacturer:

Application identification:



a) Description of the planned change(s)

Additional information in Appendix F: ☐

Affected devices
and accessories:



Change(s) of User
Manual/ Service
Manual/ Labelling/
Markings/ Type Plate:

Change(s) software:

Change(s) hardware:

Change(s) functions:

Change(s)
affecting usability:



Change(s) risk
management/ risk
analysis:

Change(s) affecting
Cybersecurity:

b) Reason for change(s)

Additional information in Appendix F: ☐

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c) List of submitted documents

Additional information in Appendix F: ☐

d) Timeline and outcome

Desired date for provision of test results
(without retest):

 / /
Month Day Year

Date of availability of test samples and documents:

 / /
Month Day Year

Outcome of the evaluation:

Please choose **one** option:

- ☐ Amendment report
☐ Consolidated report
☐ Further information needed (call-back service)

Name of the undersigned:

Function of the undersigned:

Signature: _____

Place: _____ **Date:** _____