

**? 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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**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:** \_\_\_\_\_