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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Applicant information | Company Name |  | Representative Name |  | | Address |  | | | | Applicant Name |  | Telephone |  | | Company Identification Number |  | E-Mail |  | | Country |  | | Note |  | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | General Requirement | Purpose | Internal Use External submission (Submit to: ) Reference Other ( ) | | | | | Type/Receipt | KOLAS  General / KOR ENG / G4B By E-Mail  By Mail | | | | | After Testing | Target Product has to be  discarded  returned | | | | | Product Name (Version) | ( ) | | Standard | ISO/IEC 25023:2016  ISO/IEC 25051:2014 | | Request Date |  | | Desired Issuance date |  | | Testing Location | Testworks Lab  other ( ) | | | | | Product Requirements  (HW, SW) | HW |  | | | | SW |  | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Detail Requirement | No | Standard | Testing Items | Testing Items Name | | 1 | KS X ISO/IEC 25023:2016 | All  Partial ( EA) |  | | 2 | KS X ISO/IEC 25051:2014 | All  Partial ( EA) |  | | 3 |  |  |  | | 4 |  |  |  | | 5 |  |  |  |  |  |  | | --- | --- | | Special Requirement  (if you have) |  | |
|  |
| |  |  | | --- | --- | | 1. All entries in table are required to be filled out. 2. Company Identification Number is needed for issuing an invoice for testing fees. 3. Testing will start after receipt of the fee is confirmed. | Date: | | Applicant signature: | |