

CoaxPress Electrical Compliance Test Application form

Date of Application	mm	3	/dd	15	/yyyy	2012	/
Company:	日本インダストリアルイメージング						
Name:	JIIA 太郎						
e-mail:	info@jiaa.org						
Tel:	+81-3-3716-3933			Fax:	+81-3-3716-3933		
Address:	〒153-0061 東京都目黒区中目黒 2-10-15 山手 K ビル 7F						
Member ship	<input checked="" type="checkbox"/> JIIA <input type="checkbox"/> AIA <input type="checkbox"/> EMVA <input type="checkbox"/> Non						
Contact in Japan							
Company:	日本インダストリアルイメージング協会						
Name:	JIIA シゲオ						
e-mail:	info@jiaa.org						
Tel:	+81-3-3716-3933			Fax:	+81-3-3716-3933		
Address:	〒153-0061 東京都目黒区中目黒 2-10-15 山手 K ビル 7F						

Desired Test Date and Time Slot:	1st	3 /mm	29 /dd	2012 /yyyy	A.M.(3h) / P.M.(3h) / One full day
	2nd	3 /mm	30 /dd	2012 /yyyy	A.M.(3h) / P.M.(3h) / One full day
	3rd	4 /mm	2 /dd	2012 /yyyy	A.M.(3h) / P.M.(3h) / One full day

Test Product / Name	Model	Q'ty	Description
Device Host/Cable/	JIIA-CXP-family (JIIA-CXP-2M60, JIIA-CXP-4M30)	2	Link Speed: CXP 1, 2, <u>3</u> , 5, 6 Max Link: <u>Single</u> , Dual, Quad Power over <u>Yes</u> / No

Please indicate 3 desired test date and time slots (Facilities may not be available for particular date) Cost for the test will be quoted depending on the time slot that you request. Please fill "Product Name" column with the name of product series/Model code you request a trial. And enter the number of products need to be tested examined in "Q'ty" column.

For JIIA Action Only (Do Not Complete)			
Application received:	/	/	TARI Rep:
Test Date:	/	/	Quotation:TARI/Rental /
Invoice date:	/	/	Payment: / /
Registration:	/	/	Action Complete: / /