



ISSUED : 01.01.19

REQUEST FOR GOST/EAC/CE/UL Mark CERTIFICATION

Programme for Member States of Eurasian Economic Union:
Russia, Kazakhstan, Belarus, Armenia, Kyrgyzstan

PRODUCT

*Product Name (in English)				
*Product Name (in Russian)				
*Model, Series, Article				
*Trademark				
*HS code				
*Shipping contract No.				
*Invoice No.		*Invoice Date		*Quantity
Additional Information:				

**In case of several products, please complete one of the Annexes hereafter.*

MANUFACTURER (EXPORTER ACTING AS MANUFACTURER)

*Name of the Company				
*Legal Address				
*Country				
*Email				
*Phone		*Fax		
Additional Information:				

**Manufacturer or Exporter acting as Manufacturer = manufactures goods on its factory/plant or orders to other plant according to his own design and responsible for the safety of goods.*

FACTORY BRANCHES

*Name of the Company				
*Legal Address				
*Country				

**Factories or plants are shown in the Declaration of Conformity (DoC)/Certificate of Conformity (CoC) as Manufacturer's Factories (Branches). In case of several factories, please complete Factory Details in the Annex 6.*

The form continues on page 2

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APPLICANT (RUSSIAN OR EURASIAN ECONOMIC UNION – EAEU- RESIDENT)

*Name of the Company			
*Legal Address			
*Email			
*Phone		*Fax	
*Company Registration No. (OGRN / INN)			
*Authorised person's Name & position			
*Authorised representative agreement No.			

* Applicant = Importer, Distributor, Exporter's affiliate or any other legal entity registered in EAEU and empowered by the Exporter/Manufacturer by an agreement to be responsible for his products, which agrees to be responsible for conformity of products in EAEU.

PURPOSE OF APPLICATION

CU TR / EAC Declaration of Conformity (DoC) with Validity			
Single shipment (Quantity and Shipment Invoice to Eurasian Economic Union to be presented)			
1 Year Validity	3 Years Validity	5 Years Validity	
CU TR / EAC Certificate of Conformity (CoC) with Validity			
Single shipment (Quantity and Shipment Invoice to Eurasian Economic Union to be presented)			
1 Year Validity	3 Years Validity	5 Years Validity	
State Registration (Unlimited Validity)	Exemption Letter	Technical Passport	Justification of Safety
Test Reports	Others, please specify		

PAYER (PARTY RESPONSIBLE FOR PAYING THE CERTIFICATION SERVICE, IF DIFFERENT FROM MANUFACTURER'S DETAILS)

*Name of the Company			
*Legal Address			
*Contact Person		*Email	
*GST			

DECLARATION

Please Tick (ü) Here	If you confirm that the above details are correct.	
	If you agree and accept Intertek's Terms and Conditions (Global) which is available at www.intertek.com/terms .	
_____	_____	_____
Name	Position	Signature

Thank you for taking the time to fill out this form. We appreciate your business.

Please visit our website www.intertek.com/government to learn about the shipment certification services for other countries.

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ANNEX 1: PRODUCT DETAILS - GENERAL

SN	PRODUCT NAME	PRODUCT DESCRIPTION	FIELD OF USE	HS CODE	QUANTITY (IF SINGLE SHIPMENT)	BRAND	MANUFACTURER'S NAME & ADDRESS	STANDARD REFERENCE
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

Additional information provided on separate sheets Yes (No. of additional sheets) _____ No

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ANNEX 2: EXPLOSION-PROOF EQUIPMENT

EAEU Technical Regulation 012/2011 “On safety of equipment for use in explosive atmosphere”

Equipment Name

Type, Model

Marking of Explosion-Proof Equipment

HS Customs Code

Short Description

NOTE: Please indicate below the complete list of explosion-proof components, including non-electrical. Be informed that the change in the number of components can significantly change the value of the work. You can also include non-ATEX (non Ex-proof) components (in such case leave the column “Marking of Ex-proof equipment” empty), and parts of the equipment installed outside explosion hazardous zone.

SN	EXPLOSION-PROOF COMPONENTS (TYPE, BRAND, MODEL)	MARKING OF EXPLOSION PROOF EQUIPMENT	MANUFACTURER, COUNTRY	EAC 012/2011 CERTIFICATE OBTAINED?	
				YES	NO
01					
02					
03					
04					
05					

Additional information provided on separate sheets Yes (No. of additional sheets) _____ No

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ANNEX 3: PRODUCT DETAILS - PRESSURE EQUIPMENT

EAEU Technical Regulation 032/2013 “On safety of equipment operating under excessive pressure”

NOTE: Please use CORRECT measurement units. For the Operating Environment, GROUP 1 - consisting of hypergolic, oxidizing, flammable, explosive, toxic and highly toxic gases, liquids and vapors in the single-phase state (strictly - either gas or liquid!), and mixtures thereof. GROUP 2 - all other operating environments not covered by group 1. If product description or name includes one or several of the following words: pressure, vessel, tank, barrel, cistern, boiler, hyperbaric chamber, tubing, pipe, fittings, safety valve — then it will likely fall under CU TR 032/2013 “On safety of equipment operating under excessive pressure” and will require the info above.

SN	TYPE AND NAME OF THE PRODUCT	AREA OF USE (INDUSTRY, DESIGNATION)	HS CODE	DESIGNATED MEDIUM (GAS OR LIQUID)	OPERATING ENVIRONMENT (GROUP 1 OR 2)*	CAPACITY M ³) FOR VESSELS OR DIAMETER (MM) FOR VALVES	MAXIMUM ALLOWABLE WORKING PRESSURE (MPA)	DESIGN OPERATING TEMPERATURE (IF OVER 400°C)
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								

Additional information provided on separate sheets Yes (No. of additional sheets) _____ No

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ANNEX 4: PRODUCT DETAILS - COSMETICS

SN	PRODUCT NAME (IN ENGLISH)	PRODUCT NAME (IN RUSSIAN)	TEXTURE AND FUNCTION	HS CODE	QUANTITY (IF SINGLE SHIPMENT)	BRAND	MANUFACTURER'S NAME & ADDRESS	NANO CONTENT (YES / NO)	AGE RANGE (IF FOR CHILDREN)
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									

Additional information provided on separate sheets Yes (No. of additional sheets) _____ No

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ANNEX 5: PRODUCT DETAILS - TEXTILE & TOYS

SN	PRODUCT NAME (IN ENGLISH)	PRODUCT NAME (IN RUSSIAN)	HS CODE	QUANTITY (IF SINGLE SHIPMENT)	BRAND	MANUFACTURER'S NAME & ADDRESS	COMPOSITION (With %)	GENDER (MAN, WOMAN, GIRL, BOY)	AGE RANGE (IF FOR CHILDREN)
01									
02									
03									
04									
05									
06									
07									
08									
09									
10									

Additional information provided on separate sheets Yes (No. of additional sheets) _____ No

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ANNEX 6: FACTORY DETAILS

SN	NAME OF THE COMPANY	LEGAL ADDRESS	COUNTRY
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			

Additional information provided on separate sheets Yes (No. of additional sheets) _____ No