

REQUEST FOR GOST/EAC 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, pl	ease complete one of the Anr	nexes hereafter.				
MANUFACTURER (EXPORT	TER ACTING AS MANUFA	CTURER)				
*Name of the Company						
*Legal Address						
*Country						
*Email						
*Phone				*Fax		
Additional Information:						
*Manufacturer or Exporter act and responsible for the safety o	ing as Manufacturer = manuj nf goods.	factures goods on i	ts factory	y/plant or orders to ot	her plant accord	ling to his own design
FACTORY BRANCHES						
*Name of the Company						
*Legal Address						
*Country						
*Factories or plants are shown	in the Declaration of Confo	rmity (DoC)/Certific	cate of C	Conformity (CoC) as M	anufacturer's Fo	actories (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			*Fa	эх		
*Company Registration No. (OGRN / INN)						
*Authorised person's Name						
& position						
*Authorised representative agreement No.						
* Applicant = Importer, Distrib by an agreement to be responsi	ible for his products, w					the Exporter/Manufacturer
		ith Validity				
CU TR / EAC Declaration of		ent Invoice to Eurasian	Economic Uni	ion to he nresent	tad)	
1 Year Validity	(Quantity and Simpin	3 Years Validity	Leononne om	·	ears Validit	v
CU TR / EAC Certificate of	Conformity (CoC) wit	,		5 1	cars varian	Y
		ent Invoice to Eurasian	Economic Uni	ion to he present	(bot	
	(Qualitity and Silipin		ECONOMIC OM			
1 Year Validity		3 Years Validity			ears Validit	•
State Registration (Unlimit	ed Validity)	Exemption Letter		nnical Passport		Justification of Safety
Test Reports		Others, please specify				
PAYER (PARTY RESPONSIB	LE FOR PAYING TH	E CERTIFICATION SER	RVICE, IF DIF	FERENT FROM	MANUFA	CTURER'S DETAILS)
*Name of the Company						
*Legal Address						
*Contact Person			*Eı	mail		
*GST						
DECLARATION						
Please Tick (ü) Here If	you confirm that the	above details are correc	ct.			
If	you agree and accep	t Intertek's Terms and C	onditions (Gl	obal) which is av	ailable at w	ww.intertek.com/terms.
Name	Po	sition		Signatur	·e	

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

HS Customs Code

Short Description

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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

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 inzfo 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

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)

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			
80			
09			
10			
Addi	tional information provided on separate sheets Yes (No. of additional sheets)	No	