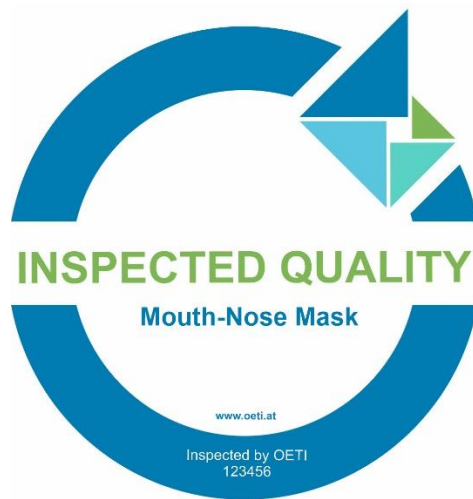


Application

Authorization for marking with INSPECTED QUALITY for Mouth-Nose Mask



Applicant

Company	
Street No.	
ZIP Code	
City	
State	
Country	
Phone/Fax	
E-mail	
www	

Responsible person

Name	
Phone/Fax	
E-mail	

By placing an order for certification, I agree to the storage and use of the personal and company-related data.

For the technical information that is disclosed to the OETI for verification and certification, the confidentiality agreement in accordance with our terms and conditions.

<https://www.oeti.biz/oeti-en/datenschutz/>

First authorization for labelling	
Re-registration authorization for labelling	

When applying for a re-authorization of the labelling, please indicate the existing number of the labelling authorization.

Number of the labelling authorization	
---------------------------------------	--

Details concerning the article

You are applying for the labelling authorization for			
Material composition			
Construction	Woven	Knitted	Nonwoven
Re-usable mask	Yes		No
Number of layer			
Nose clip	Yes		No
Test reports or certificates attached	Yes		No

Declaration of commitment

By signing this application with an authorised signature, the applicant is responsible for the data given and is obliged to inform the testing institute of any alterations immediately.

I agree that I will be named in the list of references on the OETI website once the labelling authorization has been granted. (The naming takes place with the company name and a link to their website)

yes no

Date	
Sign	