

## Application Form Multifunctional Devices



To register your model(s) please fill in and send this application form to one of the National Registration Offices of the GEEA. Data in grey areas are mandatory. Scope, criteria and test method are described in the Product Sheet for Multifunctional Devices (ref.: IT07-010105). The verification procedure is described in EN50301 (Annex A). Name, address and other contact information should be filled in below and the form should be signed.

		Model 1		Model 2		Model 3		Model 4		Model 5	
<b>Trademark / Brand</b>											
<b>Model</b>											
<b>Power consumption</b>	<b>Manual off (cat. B)</b>										
	<b>Auto-off (cat. B)</b>	W		W		W		W		W	
	<b>Low-power</b>	W		W		W		W		W	
<b>Delay time auto-off (cat. B)</b>		Default min.	Maximum min.	Default min.	Maximum min.	Default min.	Maximum min.	Default min.	Maximum min.	Default min.	Maximum min.
<b>Delay time low-power</b>		Default min.	Maximum min.	Default min.	Maximum min.	Default min.	Maximum min.	Default min.	Maximum min.	Default min.	Maximum min.
<b>Recovery time low-power</b>		sec.		sec.		sec.		sec.		sec.	
<b>Speed (Pages per Minute)</b>		ppm		ppm		ppm		ppm		ppm	
<b>Category (see Product Sheet)</b>		A <input type="checkbox"/>	B <input type="checkbox"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	A <input type="checkbox"/>	B <input type="checkbox"/>
<b>Type</b>		Laser <input type="checkbox"/>	Inkjet <input type="checkbox"/>	Laser <input type="checkbox"/>	Inkjet <input type="checkbox"/>	Laser <input type="checkbox"/>	Inkjet <input type="checkbox"/>	Laser <input type="checkbox"/>	Inkjet <input type="checkbox"/>	Laser <input type="checkbox"/>	Inkjet <input type="checkbox"/>
<b>Colour</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Market introduction</b>		[mm.yy]		[mm.yy]		[mm.yy]		[mm.yy]		[mm.yy]	
<b>Available in (tick country code(s)):</b>		A CH D DK F FIN NL SE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A CH D DK F FIN NL SE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A CH D DK F FIN NL SE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A CH D DK F FIN NL SE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A CH D DK F FIN NL SE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A CH D DK F FIN NL SE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A CH D DK F FIN NL SE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A CH D DK F FIN NL SE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A CH D DK F FIN NL SE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

We confirm that:

- the information on the list above is correct;
- we accept the conditions of the GEEA General Rules (reference document AG01-060599);
- we are entitled to register the models on the list above;
- products are only sold, marketed or identified as GEEA compliant if they meet the current specification in effect at the time of manufacture of the product.

Company: ..... MsMr: .....

Address: ..... Venue & Date: .....

Telephone: ..... Telefax: ..... E-Mail: ..... Signature: .....