



IT CERTIFICATION SERVICES
Application For Testing and Certification of
POS/Mobile Terminal Device

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Application for Testing and Certification of POS Devices

Application No.-----

(to be filled by Certification Body)

1	Name & Address of Supplier (Client/ Agent/ Chanel Partner/ Applicant) (Also mention Tel, Mobile,Fax, email) Contact Person if different from above (Also mention Tel, Mobile,Fax, email)	
2	Name & Address of POS Device manufacturing organization If different from above (Also mention Tel, Fax, email) Indian Representative of Manufacturer(if any-applicable to foreign manufacturer) (Also mention Tel, Fax, email) Manufacturing location (Also mention Tel, Fax, email)	
3	Description of the POS Device	
4	Nomenclature/Model No. Version & Year of manufacturing/ release Reference of STQC certificate of authentication device Sensor Reference No. Extractor Reference No. <i>Note: fill separate application for each type of device</i>	
5.	Reference of the technical construction file reference of	
6	Fee details as submitted [Indicate amount and the D D details	

Declaration :

- *I will abide by all the Rules and Procedures of the Certification Body.*
- *I agree with the terms and conditions of the certification body.*
- *I agree with the schedule of Charges of certification*
- *I agree with certification agreement*
- *I confirm POS Device Serial no. 3 & 4 is as per DFPD specification and cannot be disturbed or fraudulently manipulated via the peripheral device interface.*

(Authorised Signatory)