

Application for registration of fire-alarm product

Type of product: <input type="checkbox"/> Control and indicating equipment <input type="checkbox"/> Power supply <input type="checkbox"/> Smoke (multi-criteria) detector <input type="checkbox"/> Heat detector <input type="checkbox"/> Flame detector <input type="checkbox"/> Line detector, smoke <input type="checkbox"/> Aspirating smoke detectors <input type="checkbox"/> Other equipment, type: _____	Application via mail: FNH, Forsikringsselskapenes Godkjenningssnevnd, Postboks 2473 Solli, 0202 Oslo, Norway Via e-mail: fgbrann@fnh.no
Applicants name (supplier): _____	
Applicants address: _____ _____	
Phone: _____ E-mail: _____	
Distributors name (if different from the applicant): _____	
Distributors address: _____ _____	
Producer (if not the supplier): _____	
Producers address: _____ _____	
Enclosure (obligatory)	Enclosure #:
Copy of the product certificate issued by an accredited certification body (English or Norwegian) (According to EN54, actual part)	
Approbation if the applicant and the certificate holder is different firms	
Specification sheet (English or Norwegian)	
User manual (in Norwegian) where it is relevant. (e.g. control and indicating equipment)	
Declaration form filled out and signed	
Date: _____ Signature: _____	

The Norwegian Insurance Approval Board (FG)



P.O. Box 2473 Solli, N-0202 Oslo. Tel. +47 23 28 42 00.

Declaration for equipment

Referring to our application to FG for registration of equipment or devices for use in automatic fire alarm and signalling systems for:

(Name of the product)

We confirm that we are acquainted with the registration conditions, which we accept and commit ourselves to:

- Only to manufacture and/or put to the marked items identical to the originally registered equipment or devices.
- Immediately and if possible in advance to inform FG of changes in the registered product, if the changes have an influence on the properties of the product.
- Immediately to inform FG of changes that might have an influence on the obligations to the registered product.

This declaration is in force as long as we produce and/or sell the above-mentioned product registered at The Norwegian Insurance Approval Board (FG).

Date: _____ Place: _____

Applicants' name/supplier