

**Application for registration of mains outlet surge protective devices**

**Application via mail:**

FNH/FG  
P.O. Box 2473 Solli,  
N-0202 Oslo, Norway

**Via e-mail:**  
fgbrann@fnh.no

**Applicant's name (supplier):**

\_\_\_\_\_

**Applicant's address:**

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Distributor's name (if different from applicant):**

\_\_\_\_\_

**Distributor's address:**

\_\_\_\_\_

**Producer (if not same as supplier):**

\_\_\_\_\_

**Producer's address:**

\_\_\_\_\_

<b>Attachments (mandatory):</b>	<b>Attachment #:</b>
Confirmation of coherence from test laboratory	
Approbation if the applicant and the certificate holder are different firms	
Specification sheet (English or Norwegian)	
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 mains outlet surge protective devices:

---

(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).

We confirm that we are informed that the approval may be withdrawn if;

- The applicant have acted contradictory to this declaration;
- Unauthorized use of FG's logo and trademark
- Other situations of a grave character should occur;
- Approved equipment do not work according to requirements

FG is not responsible for any losses resulting from withdrawn or not renewed approvals.

Date: \_\_\_\_\_ Place: \_\_\_\_\_

---

Applicants' name/supplier