	REQUEST F	OR SERVICES		
	Form: OB.05		Page: 1/1	
	Applicant:			
Type of request: (please circle):	TIN (Taxpayer Number)	Identification	Phone/Fax:	
Type of request. (please circle).				
Metal processing machi	nes	Wood processing and wood working machines (and machines for similar materials		
Self-propelled mechanical vehicle internal transport	that is used for	Electrical installations and devices for detection of explosive atmospheres		
Elevat	ors for vertical tr	ansport of people a	nd load	
Control before usage: Finishing control	ol * Individual v	erification of the el	evator*	
Control before usage:: Regular contro	l Irregular check	ups		
Elevators with	th the booth to v	which people have	e no access to:	
Confirmation	of conformity b	efore being put o	n the market *	
* NOTE: With the request for service execute necessary documentation with the request for being put on the market."			imentation stated in the document "The tion and Confirmation of conformity before	
Low voltage electrical installations		Lightning installation		
Stationary installations for detection of explosive gases and vapors		Stationary fire alarm installation		
Conditions of working envir	onment	High	voltage protective equipment	
Other:				
The service will be paid after the job is	finished and bef	ore the Repot is ser	nt	
	1			

Date:	Applicant (signature)	Place stamp here
	(Name, place, function)	