**APPLICATION FOR SPECIFIC MEASUREMENTS**

**OF ELECTRICAL INSTALLATION**

**Please do special measurements for the electrical installation.**

|  |  |
| --- | --- |
| Specific measurements description |  |

**1. Customer**

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | | |
| Representative |  | Reg No |  |
| Address |  | | |
| Phone |  | E-mail |  |
| Invoice recipient contact person (CFO, accountant or other) |  | Invoice recipient contact person email |  |

**2. Electrical installation data**

|  |  |
| --- | --- |
| Controlled electrical installation |  |
| Electrical installation address |  |
|  |  |

**3. Documents attached to the application** *(eg layout of installation plan)*

|  |
| --- |
|  |
|  |
|  |

**Applicant confirms that:**

* he/she quarantees safe working conditions for the expert;
* he/she have read the Kiwa Estonia OÜ General Sales and Contract terms and conditions <https://www.kiwa.com/ee/et/ettevottest/uldtingimused/> and understands the content and comply with the contract.

Kiwa Estonia OÜ will keep confidential information obtained during the performance of activities and will not disclose it to third parties without clients permission. Except for information provided by law, the Estonian Centre for Standardisation and Accreditation, or if the applicant makes it publicly available.

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*(Customer's name / signature) Date*