

To: CC-Link Partner Association  
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Date: \_\_\_\_\_

Company: \_\_\_\_\_

Representative : \_\_\_\_\_

### CC-Link Conformance Test Request

Client	ID number:		Department:			
	Title:		Person in charge:			
	Address:					
	E-mail Address:					
	TEL:		FAX:			
Device	Main unit	Product name:				
		Type:				
		Model type:		Model code:		
		Type of Station (circle a number)	1. Master Station		2. Local Station	3. Intelligent Device Station
			4. Remote Device Station		5. Remote I/O Station	6. Cable
	Version	CC-Link:				
		Hardware:	Software:	Other:		
I/F part [enter if different from main unit]	Part name					
	Type					
	Version	Hardware:	Software:	Other:		
Preferred date of test completion						

### Submission items

Submission document and equipment		Quantity	Scheduled submission date	Remarks
Documents	Results and evaluation components of the product evaluation test	1 copy		
	Test programs	1 set		
	Instruction manual	1 copy		
Equipment	Products	2 units		
	Devices connected to the product (submit as necessary)	1 set		

[Requests]

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Test No.	Stamp by CLPA