



to : **Haefely Test AG, EMC Product Management**
Fax : **+ 41 61 373 49 12**

Fill in and fax back this form for your "Custom Surge Requirement"

A. Your Details

Company _____
Contact Name _____
Department _____
Address _____
City, ZIP Code _____
Country _____
Phone No. _____
Fax No. _____

B. Test object(s) *(E.g. varistors, arrestors, switchgear, telecom, complete systems)*

C. Test characteristics

Impulse Repetition _____ / minute
Daily operating time _____ hours
Impulses per Month _____
Impulse Polarity Positive Negative Both

D. Applicable standard(s) *(E.g. IEC 60060-1, IEC 61008-2, ANSI C62.41, etc)*

