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| 蓝牙 列名申请表 / Bluetooth Listing Application Form |
| **1.** **Product General Information***(Note that fields 1 are required for* ***Product Listing*** *and that fields marked with an asterisk (\*) are* **necessary**.*)* |
| **1.1 Applicant Information\*** |
| Company Name\* |       |
| Address\* |       |
| Contact\* | Name\* |       | Telephone\* |       |
|  | E-mail\* |       |
| **1.2 Product Information\*** |
| Design / Product Name\* |      | Product ID / Model Name\***Maximum Length: 20****Invalid characters: , / \ \* = & ( ) @ : ; “ ‘ < >** |      |
| Brand Name\* |      | Product Website\* |      |
| Product Brief Description |      |
| Category | [ ] Audio and Visual Automotive [ ] Handheld [ ] Headset Input Devices Medical Phone Mobile Phone Accessory Office Equipment Personal Computer Unique Products Home Environment Gaming |
| **1.3 Listing Reference Information\*** |
| SIG Member Class | [ ]  Adopter [ ]  Associate [ ]  Promoter [ ]  Not yet (Refer field 2) |
| User ID\* |       | User Key\* |       |
| Available Declaration ID\* | [ ] Any available DID | [ ] Specified DID      | [ ] Not yet (Refer field 2) |
| Listing Reference\* | [ ]  **Your own company’s QDID** |
|  | Referenced QDID\* |       |
|  | [ ]  **Another member’s QDID** |
|  | Referenced QDID\* |      |
|  | Authorization Letter\* | *(Please provide the authorization letter for listing your product with the existed QDID, it should be from the owner of the QDID.)* |
| **2. Service Requirement** |
| SIG Membership Registration | [ ]  Not Required | [ ]  Require Adopter | [ ]  Require Associate |
| Declaration ID Apply | [ ]  Not Required |
|  | [ ]  BALUN Apply Invoice & Payment. (BALUN 申请发票并代付款) |
|  | [ ]  BALUN Apply Invoice & Paid by Client (BALUN 申请发票客户支付) |
| IIP Service | [ ]  Not Required [ ]  BALUN Assist [ ]  By Client |
| **3. Customer Confirmation** |
| Type of Service | [ ]  Regular/常规  | [ ]  Express/加急[30% charge in additional] |
|  | [ ]  Immediate/特急 [100% charge in additional] |
| Print name:        | Signature:       | Date:       | Remark:       |