Annex A1. Application for a test of ISO RFID conformance of transponders

The completed application emailed in PDF format to the Service-ICAR secretariat: manufacturers@icar.org

Manufacturer name		Manufacturer address		
Email account:				
VAT or tax registration number of the company:				
Test: ISO Conformance	Full	Limited I	Listing update*	Recertification*
*In case of Limited test code		lease indicate the	original device na	ne, type, and product
In case of "Re-certification	on", please indicate	the product code		
Device Type:	Injectable tra Electronic ea	·	Tag attachment Ruminal bolus Other	
Device name:				
RFID inlay number (The concerning		nanufacturer, withi integrated	in the company, use circuit	es as indication of the combination)
Technology:		HDX	FD)	X-B
Physical characteristics: Length:	Diameter:	Weight:	Colour:	
Packaging Material: (e.g. glass and secondary packa transponder and secondary Primary transponder packa Secondary transponder packa	ging is PU; For bolus	transponders, prin	mary packaging is the	
Picture of the device (co	lour picture with hig	igh resolution):		

The undersigned agrees to abide to all conditions set forth within ISO document "Conformance evaluation of RFID devices, Part 1: ISO 11784/11785-conformance of transponders including granting and use of a manufacturer code".			
Date	Full name (please PRINT):		
Position:	Signature:		