

MRT-F1



CAMARTEC

CENTRE FOR AGRICULTURAL MECHANIZATION AND RURAL TECHNOLOGY
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APPLICATION FOR TESTING OF MACHINERY AND/ OR RURAL TECHNOLOGIES
(Fill in duplicate)

1.	Name of the applicant:
2.	Physical address:
3.	Contact:
4.	Machine to be submitted for the test:
5.	Name and address of manufacturer:
6.	Year of Manufacturing:
7.	Applicant's capacity: Authorized importer <input type="checkbox"/> Distributor <input type="checkbox"/> Designer <input type="checkbox"/> <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other (please specify) <input type="checkbox"/>

8.	Type of work the machine or component has been designed for and special features of the machine, if any
10.	Are all the parts locally produced? Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Suitable sampling period
12.	Attachments supplied with machinery/rural technology:
13.	Accessories and attachments proposed to be submitted with the machinery/ rural technology for test
15.	List of enclosures (to be supplied in duplicate): Machine specifications <input type="checkbox"/> Yes <input type="checkbox"/> No Operators manual <input type="checkbox"/> Yes <input type="checkbox"/> No Service manual <input type="checkbox"/> Yes <input type="checkbox"/> No Parts catalogue <input type="checkbox"/> Yes <input type="checkbox"/> No Any other printed literature (please specify) <input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Do you propose to have a witness during the test <input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Details of safety (if any):
19.	Any other details/ information
21.	Applicant's certificate I/We that the above information is correct to the best of my knowledge /our knowledge. Name: Designation: Applicant/ Director's signature: Official stamp: Dated: ----- FOR OFFICIAL USE ONLY Received by: Name: Signature: Designation: Date: