

DOC REQUEST & ISSUE FORM

Attn: SETSCO Certification Body
Fax: 6566 7718
Email: certificationadmin@setSCO.com

Requesting Company: _____

Installer Name: _____

DOC Ref No. (Applicable for SETSCO Certification Body only): CB-

Certificate No.	:	
Product (as per COC)	:	
Brand	:	
Model (only one model allow per request form)	:	
Project Name	:	
Project Location	:	
SCDF Building Plan No.	:	
Coverage Area (For Fire Stopping Material > opening, metre or metre run ONLY. For Fire Rated System > metre square ONLY))	:	

IMPORTANT:

- 1) *The responsibility for ensuring that the product or Fire Rated System and Fire Stopping Material is installed in accordance with the standard to which it was originally approved shall rest with the certificate holder.*
- 2) *Please provide evidence on the project, project location & coverage area as declared above.*
- 3) *Submitted documentary evidences may be subjected to verification with the relevant parties by SETSCO Certification Body.*

I declare that the coverage area for the above request is true, complete and accurate.

Requested by:

Help us serve you faster by providing your current contact details:
Contact Person (if different from Requestor):

Name / Designation

Tel No. / Fax No. :

E-mail Address :

Remarks on billing/ collection:

Authorized Signature / Date

Please send us a Quotation

Please refer to attached P.O. / DQ No.

DOC(s) issued by:

DOC(s) collected by:

CB Authorized Personnel/ Signature
Date:

Name/ Signature
Date:

Notes on Collection:

- Please send the Purchase Order with this Request to initiate faster processing of your request.
- Your request will be processed within 3-5 working days.
- Original DOC shall be collected by employee of the COC's holder.