



**T M O**  
**GENERAL DIRECTORATE**  
**PRODUCT TECHNOLOGY AND**  
**LABORATORY**  
**BRANCH DIRECTORATE**



**APPLICATION FORM**

Page No : (1/1)

**TO THE TMO GENERAL DIRECTORATE**  
**PRODUCT TECHNOLOGY AND LABORATORY BRANCH DIRECTORATE**

I would like to supply / request, make the following analysis on ..... piece of ..... sample / samples which I have brought with the Application Form and I would like to be informed of the results by .....

./.../....

I/We also declare and undertake that we also accept the "Application Requirements" stated at, [www.tmo.gov.tr](http://www.tmo.gov.tr).

**Analyzes to be done/Method:**

- a) .....
- b) .....
- c) .....
- d) .....
- e) .....

Authorized person  
Name, signature and stamp

	<b><u>Analysis Requested by</u></b>	<b><u>Report will be delivered to</u></b>
Company/Organization/Individual Name:		
Adress		
Telephone		
Fax		
e-mail		

Are there any measures to be taken in terms of Occupational Health and Safety related to sample or analysis?  
.....

**Invoice Information (FILLED FULLY CORRECTLY AND CORRECTLY).**

- 1) Name / Surname of the invoice holder or the title of the company:
- 2) Invoice Adress:
- 3) Tax Administration : No. :
- 4) People/Organization who will pay;
  - Bank account number :
  - Bank / Branch Name :
  - T. C. Identification number. (for the person) :

**The form of sending the report and bill to the buyer:**

- From hand
- Cargo
- e-mail
- Fax

The bank account numbers to be paid are located at [www.tmo.gov.tr](http://www.tmo.gov.tr).

NOTE: The application will be processed after this chart is signed and forwarded to the Product Technology and Laboratory Branch Directorate ( FAX: 0-312-5914169 ).