

**VCA QUESTIONNAIRE****QMF 17i Issue 05****RN Electronics Ltd**

Arnolds Court, Arnolds Farm Lane, Mountnessing, Brentwood, Essex, CM13 1UT

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**Please Fax or E-mail back to R.N. to Estimate the test time required**

- Please complete clearly for each item to be tested, the answers will be used within your report after VCA testing.
- Equipment under test should be representative of production model.
- Please copy for each additional piece of equipment to be tested.

**1. Equipment Under Test (EUT) Details**

1a Model	<input type="text"/>			
1b Description	<input type="text"/>			
1c Serial Number	<input type="text"/>	<i>Note - If Not Available, Please Provide Before Test</i>		
1d Function	<input type="text"/>			
1e Dimensions	Height <input type="text"/> mm	Width <input type="text"/> mm	Depth <input type="text"/> mm	Weight <input type="text"/> kg
1f Power Usage	Voltage <input type="text"/> V	Current <input type="text"/> A		
1g Is the EUT Electrically Bonded to the Vehicle ?	<input type="text"/> Y / N			
1h Is the EUT a Safety Related Component ?	<input type="text"/> Y / N			
1i Is the EUT switched or does it contain switches ?	<input type="text"/> Y / N			
1j Is the EUT an Inductive Load ?	<input type="text"/> Y / N			<i>Note - Please Contact Us For Guidance If Required</i>

**2. Name And Address Of Manufacturer**

Address	<input type="text"/>	Tel	<input type="text"/>
		Fax	<input type="text"/>
		Email	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>
ISO9000 ?	<input type="text"/> Y / N	Certificate No.	<input type="text"/>

**3. Name And Address Of Manufacturer's Representative**

Company	<input type="text"/>	Contact	<input type="text"/>
Address	<input type="text"/>	Tel	<input type="text"/>
		Fax	<input type="text"/>
		Email	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>
ISO9000 ?	<input type="text"/> Y / N	Certificate No.	<input type="text"/>

**4. Name And Address Of Assembly Plants**

Company	<input type="text"/>	Contact	<input type="text"/>
Address	<input type="text"/>	Tel	<input type="text"/>
		Fax	<input type="text"/>
		Email	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>
ISO9000 ?	<input type="text"/> Y / N	Certificate No.	<input type="text"/>

Test Date  RN Job No VCA Job No  Cust. PO No 

Our Quotation is based on the information supplied to us. Incorrect information may lead to extra charges if insufficient time has been allocated to you.



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