



**Application and Preliminary Information for HDMI Compliance Testing**

Application No. (ATC use only):	
Record Number (Agent use only):	
Application Date:	

**Description of Product to be Tested**

Product Name(s):	
Model No(s):	
Category: (i.e., Source, Sink, Repeater)	
Notes/Remarks: (optional)	

**Applicant Information**

Name:	
Title:	
Company Name:	
Division: (if applicable)	
Address 1:	
Address 2:	
City:	
State/Province:	
Country:	
Postal Code:	
Telephone:	
Fax:	
Email:	

This form may be printed and the requested information written in manually. Alternately, the form may be filled in electronically using Adobe® Acrobat® Standard or Reader. Using Standard, the form can be filled in and saved electronically. Using Reader, the form can be filled in and printed, but cannot be saved electronically. Please visit [www.adobe.com](http://www.adobe.com) for information regarding Adobe Acrobat.