



**FIM RACING HOMOLOGATION PROGRAMME FOR LIGHT PANELS  
(FRHPLP)**

**FRHPIp-01  
Application Form**

January 2024



## I. TESTING LABORATORY

Once the application is completed, the FIM will request the Applicant to send free of charge new light panel sample to and limited to the following Testing Laboratory:

### Federal Institute of Metrology METAS

Laboratory Optics

Lindenweg 50,

CH-3003 Bern-Wabern

Phone +41 58 387 04 90

Contact: fabio.rinderer@metas.ch

Website: www.metas.ch

## II. APPLICATION FORM (HOMOLOGATION) / FRHPlp-01

To be filled in for each Light panel model and returned by e-mail to [frhp@fim.ch](mailto:frhp@fim.ch)

| <b>(1) Applicant's information</b>                    |  |
|---|--|
| (1.1) Name  |  |
| (1.2) Address (road, city, ZIP code, country)         |  |
| (1.3) E-mail  |  |
| (1.4) Phone   |  |
| (1.5) Commercial trade mark(s)                        |  |
| (1.6) Contact name                                    |  |
| (1.7) VAT number/Legal registration number            |  |
| <b>(2) Manufacturer's information</b>                 |  |
| (2.1) Name  |  |
| (2.2) Address (road, city, ZIP code, country)         |  |
| (2.3) E-mail  |  |
| (2.4) Phone   |  |
| (2.5) Contact name                                    |  |
| <b>(3) Light panel Information</b>                    |  |
| (3.1) Commercial name(s)                              |  |
| (3.2) Date of manufacture (mm, yyyy)                  |  |
| (3.3) Wished amount of Homologation labels (per year) |  |

| <b>(4) Documents to be mandatorily annexed</b> |  |
|--|--|
|  | (4.1) Communication and guidelines for installation, handling and storage, maintenance, and disposal |
|  | (4.2) Photos of the light panel system   |

By signing this Application Form (homologation), the undersigned Applicant accepts all the conditions and clauses of this FIM Homologation Manual and attests to the accuracy of the information provided and that the Samples submitted are fully consistent with the indications set forth on the Application Form.

Applicant's representative

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Name

Signature

On \_\_\_/\_\_\_/\_\_\_