Annex C2. Application form for Device Change Notification of external RFID devices during the five year certification

The completed application must be be emailed in PDF format to the Service-ICAR secretariat: manufacturers@icar.org

Note: All parts of the application form must be filled-in as applicable.
Incomplete forms will not be considered.

Manufacturer details

Manufacturer name: .....

Manufacturer address:.....

Contact person and email address:

.....

VAT or tax registration number of the company: .....

Owner of device design: .....

Address of owner:.....

Original device details

Device Type:

RFID ear tag: ☐
RFID leg tag ☐

Device name:.....

Device model number:

.....

Species:

.....

ICAR certification code:

RFID product code:.....

Conventional product code:

.....

Modified device details

Device name:.....

Eliminato: testing and certification

Eliminato: an

Eliminato: modified from a certified tag

Eliminato: period as evidenced with Annex C3 Device Change Notification

Eliminato: To

Eliminato: *VAT or tax registration number of the company:*

Eliminato: *D*

Eliminato: *name and model number*

Device model number:

……

Species:

……

……

Description and model numbers of pliers that must be used to apply tag: ……

……

Will the original device be replaced by the modified device? Yes ☐ No ☐

Device modifications

Tag Design & Structure ……

Tag dimensions Pin (male) dimensions ……

Tag material Pin (male) material ……

Tag design feature Pin (male) design feature ……

Locking Mechanism ……*

**If the Locking Mechanism has been changed, please note this will require a mandatory laboratory pull test.*

Other changes:

……

……

……

Pictures of the devices

Picture(s) of original certified device:

Picture(s) of the modifications to the device:

Attachments: *Original reference test report nr: ……*

Manufacturer requirements for sample delivery:

As specified in the test proposal of the laboratory

Manufacturer declaration

The undersigned affirms that:

- All changes listed in this DCN have been declared for this device.

- All descriptions and explanations are true and correct.

Eliminato: ¶
Device Change Notice: . ¶

Eliminato: *R*

Eliminato: ***are***

- The changes listed in this DCN will not negatively impact:

- ***the device's retention***
- ***the device's performance***
- ***the health and well-being of the animal to which the device is attached or inserted***
- ***the health and well-being of the person(s) applying or inserting the device***

The undersigned agrees to abide by the decision of ICAR should it deem the changes declared require appropriate laboratory testing.

The undersigned further agrees to abide by all conditions set forth within ICAR's Guideline Section 10.7 document "ICAR Testing and Certification of Permanent Identification Devices" and specifically agrees to the following:

- ***Only using the raw material specified in this application, to manufacture the tags***
- ***Submitting the ear tags to all tests and paying the fees determined by ICAR***
- ***Complying with any additional ICAR conditions regarding production and sale, including payment of any fees to maintain the ICAR certification status; and***
- ***Complying with the official rules of each Country where the ICAR certified tags are sold.***

Name (please PRINT):..... ..... Date:.....

Position: .... Signature: .....