



APPLICATION FOR PRODUCT TESTING AND/OR CERTIFICATION

Date of Application_____

Company Name_____

Legal Status

Contact Name_____

Company Address_____

(City)

(State)

(Zip)

Phone_____ Fax _____

Email_____

Product Name and Model Number_____

Scope of Desired Certification _____

If possible, please submit a catalog sheet or pictures of the product to be tested.

I agree to comply with the requirements for certification and to supply any information needed for evaluation of products to be certified.

I certify that I am a duly authorized representative of the Company.

Signed_____ Date_____

Title_____

Complete and mail this form to:

North American Testing, LLC
PO Box 323
Norwalk, OH, USA 44857