

Application for Product Testing and/or Certification

Date of Application _____

Contact Name _____

Company Name _____ (Legal Status)

Company Address _____

(City) (State) (Zip)

Phone _____ Fax _____

Email _____

Product Name and Model _____

Scope of Desired Testing and/or Certification (attach drawings, pictures, etc.)

I certify that I am a duly authorized representative of the company. I agree to comply with the requirements for certification and to supply any information needed for the evaluation of the product(s) to be certified.

Signed _____ Date _____

Title _____

Complete and mail this form to:
Program Manager
North American Testing, LLC
PO Box 323
Norwalk, OH USA 44857



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