

Application for Product Certification

	Application received by:		Application reviewed and accepted by:			
	Date: / /		Date: / /			
APPLICANT INFO	Company Name:					
	Full Address:					
	City:	State (Province):	ZIP Code:			
	Country:	Telephone:	Fax:			
	Email:					
	Contact person name and position:					
	Legal representative name and position:					
MARKS	<input type="checkbox"/> c(LC) MARK ONLY – Canada <input type="checkbox"/> (LC)us MARK ONLY – USA <input type="checkbox"/> c(LC)us MARK ONLY – Canada and USA					
SPECIFICATION	Type of Product:					
	Trademark:		Model:			
	Current certification for the above product if applicable:					
	1	Certification body:	Standard:	Certificate validity date:		
	2	Certification body:	Standard:	Certificate validity date:		
3	Certification body:	Standard:	Certificate validity date:			
4	Certification body:	Standard:	Certificate validity date:			
MANUFACTURER INFO	Company Name:					
	Full Address:					
	City:	State (Province):	ZIP Code:			
	Country:	Telephone:	Fax:			
	Email:					
	Contact person name and position:					
Manufacturer business relation with the applicant:						
STANDARD	Product Standard(s) requested for the conformity assessment and certification:					
	#	Standard	Specific Requirements	#	Standard	Specific Requirements
	1			3		
	2			4		
COMMENTS	Other relevant information (or list all relevant correspondence or notes attached):					
INITIAL FACTORY INSPECTION (IFI)	To apply for waiving the Initial Factory Inspection, new clients must provide the following documents with the application : <input type="checkbox"/> A copy of Initial Factory Inspection issued by a Certification Body (CB) <input type="checkbox"/> Copies of the last 2 follow up inspection reports issued by the CB <input type="checkbox"/> Evidence of valid certification (e.g. Certificate of Conformity, or link to current listing issued by the CB.			To be completed by the Certification Manager: IFI <input type="checkbox"/> Required <input type="checkbox"/> Waived		
				Date:		
			Approval:			
CONFIRMATION BY THE APPLICANT OR CLIENT	The information above describes accurately and to our best knowledge the scope of the certification sought under the LabTest Product Certification Program.					
	We agree to comply with the requirements for the LabTest Product Certification Program and to supply any information needed for evaluation of products to be certified.					
_____ Applicant / Client Representative			_____ Date			