

TRUESDAIL LABORATORIES, INC.

Application for Change to Current Certification:

Corporation Name: _____
(Legally incorporated name)

Address: _____
Street City/State Zip Country

Mailing Address: _____
(If different from above)

Telephone: _____ Fax: _____ Email: _____

Corporate Contact: Mr. Mrs. Ms. Dr. _____

1. Production Facility _____
(If more than one facility, attach an application for each.)

Address: _____
Street City/State Zip Country

Mailing Address: _____
(If different from above)

Telephone: _____ Fax: _____ Email: _____

Production Facility Contact: Mr. Mrs. Ms. Dr. _____

Truesdail assigned Unique ID: _____ for the above facility

2. A non-refundable fee of \$400.00 will apply upon acceptance of this application by Truesdail Laboratories, Inc., (Charges for additional professional services, audits, and testing will be invoiced as rendered).

3. Please describe the materials/products type as listed on the current certificate for the changes requested:

4. Type of Change Requested:

4.1 Addition of a new size or model to certified grouping:

- Supply blowup drawings
- Supply completed appropriate PMI template.

4.2 Change of part or material in a certified product

- Supply blowup drawing with the part(s) being replaced clearly indicated.
- Complete the appropriate PMI template.
- For new non-certified materials, supply SDS sheets.

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- For replacement of one NSF/ANSI certified material with another, provide copies of the new product's certification and/or listing. Make sure the provided information includes any surface area limitations that are part of the listing.

4.3 Other

Provide detailed information and supporting documentation or any other changes requested that affect the certificate or listing.

5. Model or Material Information:

List the model number of the unit/material submitted for testing and list all models or materials to be represented or bracketed and listed by the model submitted.

Steps		Model Number(s) / Material(s)	Description
1	List the model number / material submitted.		
2	List all models or materials affected by the requested change.		

AFFIDAVIT: I am authorized by _____
to apply on behalf of the said company for Truesdail's evaluation and certification services. I am further authorized to agree that said company would pay Truesdail for any charges billed for the additional evaluation and/or testing of products and/or materials.

Signature

Date

Name and Title (print or type)

Return this application (and check if applicable) to:

**Product Certification Department
Truesdail Laboratories, Inc.
3337 Michelson Drive Suite CN750
Irvine, CA 92612**