

Application for NAMI Programs

Application Date: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

E-Mail Address: _____

Number of plant locations seeking certification or quality assurance services: _____

Are the plant locations, in which final assembly of the product occurs, located within the continental United States? (circle one) YES / NO

If the answer to the above question is "NO", please list the city and country in which final assembly of the product occurs. _____

Type of Products Seeking Certification For: _____

___ Check here if you are a New Licensee or client with NAMI

___ Check here if you are an existing Licensee and are adding a new program

Check Program(s) Applying For or Adding On:

___ **Structural/Impact Certification Program** (may include standards such as ASTM E330/E331/E1886/E1996/AAMA/WDMA/CSA 101/I.S.2/A440-05/TAS 201/202/203/DASMA)

___ **Manufactured Housing Certification Program** (may include standards such as AAMA 1701.2/1702.2/1704.1)

___ **NFRC/Thermal Certification Program** (may include standards such as NFRC 100/200/400/500)

___ **Insulating Glass Certification Program** (may include standards such as ASTM E2188/2189/2190)

___ **Quality Assurance Program** (this program complies to ISO 17020)

Authorized Personnel Signature: _____

Upon receipt of this application, National Accreditation & Management Institute (NAMI) will provide you with the procedural guidelines, license agreement and fee schedule for the applicable program. Please forward your completed application to:

National Accreditation & Management Institute, Inc.

11870 Merchants Walk, Suite 202

Newport News, VA 23606

Tel-757.594.8658

Fax-757.594.8659

E-Mail:NAMI@namiinc.com