

NOTICE OF PRODUCT CERTIFICATION



CERTIFICATION NO: NI011610.07-R6
DATE: 10/29/2013
CERTIFICATION PROGRAM: Structural
COMPANY: ProVia Door
CODE: 1212-1
REVISION DATE: 08/18/2025

This certification represents product conformity to the applicable specification and that certification criteria has been satisfied. A NAMI approved certification label must be applied to the product to claim certification status. To affirm the certification status, please visit www.namicertification.com. NAMI is accredited to the ISO/IEC 17065 by the Standards Council of Canada (SCC).

COMPANY NAME AND ADDRESS	PRODUCT DESCRIPTION
<p>ProVia LLC 2150 State Route 39 Sugarcreek, OH 44681</p>	<p style="text-align: center;">Fiberglass Out-Swing Opaque Side Hinged Door w/Transom Impact Rated</p> <p style="text-align: center; font-size: small;"> Configuration: O/X Sidelite Glazing: IG-Exterior-1/8" Tempered Glass/ Interior-Laminate-1/8" Annealed Glass/0.090" Solutia Interlayer/1/8" Annealed Glass or IG-Exterior-Laminate-1/8" Annealed Glass/0.090" Solutia Interlayer/1/8" Annealed Glass/Center-1/8" Tempered Glass/Interior-1/8" Tempered Glass/ IG-Exterior-1/8" Tempered Glass/Center-1/8" Tempered Glass/Laminate-1/8" Annealed Glass/0.090" Solutia Interlayer/1/8" Annealed Glass or IG-Exterior-1/8" Tempered Glass/Center-Decorative Inlay/Interior- Laminate-1/8" Annealed Glass/0.090" Solutia Interlayer/1/8" Annealed Glass or IG-Exterior-1/8" Tempered Glass/Center-Wrought Iron Decorative Inlay/Interior-Laminate-1/8" Annealed Glass/0.090" Solutia Interlayer/1/8" Annealed Glass </p> <p>Frame: W-954mm(37.56") H-3283mm(129.28") Panel: W-908mm(35.75") H-2411mm(94.94")</p>

SPECIFICATION	PRODUCT RATING
<p>ASTM E330-02 ASTM E1886-04/05/E1996-02/04/06/09/12a</p>	<p>Design Pressure: 2633 Pa (55 psf) Wind Zone 3-Missile Level D</p>

Product Tested By: National Certified Testing Laboratories
 Report No: NCTL-110-15660-1/NCTL-110-15660-2/NCTL-110-15652-2/NCTL-110-15652-3/W-1638/W-2002
 W-2105/W-2170
 Expiration Date: **December 31, 2028**

Administrator's Signature: _____

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