

# REQUEST FOR WAIVER OF RETEST

The "Waiver of Retest" must be submitted and approved twenty (20) days prior to implementation of modification in manufacturing process. There is a fee associated with Waivers of Retest.  
See NAMI's Additional Services Fee Schedule.

**TO: Administrator of Certification** **Date:** \_\_\_\_\_  
**National Accreditation & Management Institute, Inc.**  
4794 George Washington Memorial Highway  
Hayes, VA 23072  
Tel-804.684.5124 Fax-804.684.5122 E-Mail: nami@namiinc.com

**Company Requesting Waiver:** \_\_\_\_\_

This is to request that a "Waiver of Retest" be granted in accordance with the Procedural Guidelines of the Certification Program for the product described below:

Certification No.: \_\_\_\_\_ Series/Model: \_\_\_\_\_  
Product Rating: \_\_\_\_\_ Report No: \_\_\_\_\_

Briefly Describe Modification to the Certified Product (attach additional page if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request must be submitted with the following information:

1. One set of drawings showing the old design and one set of drawings reflecting the proposed revisions (if applicable);
2. Engineering calculations reflecting equivalency or greater (if applicable);
3. Engineering analysis or evaluation by an independent professional engineer relating the details and reasons for the proposed modification. The engineer must also provide whether the product is equivalent to current rating or define areas of limitations within the evaluation (if applicable).

(Note: The legal responsibility for the authenticity of a request for "Waiver of Retest" rests upon NAMI Licensee and the engineer representing the licensee requesting the waiver.)

Authorized Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Forward Waiver and all supporting documentation to:

**National Accreditation & Management Institute, Inc.**  
4794 George Washington Memorial Highway  
Hayes, VA 23072

\_\_\_\_\_  
NAMI Administrative Use Only

Waiver Approved ( ) Date: \_\_\_\_\_ Waiver Denied ( ) Date: \_\_\_\_\_

If Waiver Approved, the following Waiver Number will be granted: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_