

NAMI APPLICATION

Application Date: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Contact Person: _____

E-Mail: _____

1. Number of plant locations seeking Certification or QA Services: _____
2. Are the plant locations, in which final assembly of the product occurs, located within the continental United States? (check one) _____ YES _____ NO
3. If the answer to the above question is "NO", please list city and country where final assembly of product occurs. _____
4. Define the legal status of the company: (check one)
____ Corporation ____ LLC ____ Sole Proprietorship/Partnership ____ Other
5. Provide additional legal names of the company or parent company name:

Type of Products Seeking Certification For: _____

- ____ Check here if a New Licensee or client with NAMI
____ Check here if adding a new location to existing license agreement
(check all programs that would apply)
____ Check here if an existing Licensee and adding a new program

Check Program(s) Applying For or Adding On:

- ____ **Structural Certification Program:** (includes standards such as ASTM E330/E331/E1886/E1996/AAMA/WDMA/CSA 101/IS.2/A440-08/TAS201/202/203/DASMA)
____ **Manufactured Housing Certification Program:** (includes standards such as AAMA 1701.2/1702.2/1704.1)
____ **Thermal Certification Program:** (Circle One) NFRC 100/200/400/500 or CSA A440.2
____ **Insulating Glass Certification Program:** (includes standards such as ASTM E2188/2189/2190/CAN CGSB 12.8)
____ **Quality Assurance Program:** (program complies with ISO/IEC 17020)
____ **Fire Doors and Other Protective Openings Certification Program:** (includes standards such as NFPA 80/252/257, UL-9/10A/10B/10C, ULC-S104, ISO 3008/3009)
____ **Profile Certification Program:** (complies with AAMA 303)
____ **ICC-ES Quality Inspection Program:** (complies with ISO/IEC 17020 and ICC-ES AC10)
____ **Sound Transmission Certification Program**
____ **Blast Certification Program**
____ **Ballistic Resistance Certification Program**
____ **Safety Glazing Certification Program**

Authorized Personnel Signature: _____

Upon receipt of this application, National Accreditation & Management Institute (NAMI) will provide you with the formal licensing documents of the applicable program. Please forward your completed application to:

National Accreditation & Management Institute, Inc.
4794 George Washington Memorial Highway, Hayes, VA 23072
Tel (804) 684-5124 E-Mail: nami@namiinc.com