NAMI APPLICATION

Application Date: _____

Company Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____ **Contact Person:** _____
E-Mail: _____
WeChat (if used) Name:_____ WeChat ID:_____

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/I.S.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