

NAMI Program Application

Application Date: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____ E-Mail: _____

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? (check 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. _____

Define the legal status of the company: (check one)
_____ Corporation _____ LLC _____ Sole Proprietorship/Partnership _____ Other

Provide any 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 programs that apply)
- _____ Check here if an existing Licensee and are adding a new program

Check Program(s) Applying For or Adding On:

- _____ **Structural Certification Program** (may include 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** (may include standards such as AAMA 1701.2/1702.2/1704.1)
- _____ **Housing and Urban Development Certification Program** (may include standards such as UM 111 & UM 89)
- _____ **NFRC 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/CAN CGSB 12.8)
- _____ **Quality Assurance Program** (this program complies with ISO/IEC 17020)
- _____ **Fire Doors and Other Protective Openings Certification Program** (may include standards such as the 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**

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 Fax (804) 684-5122 E-Mail: nami@namiinc.com