



## Application for Certification

Date of Application: \_\_\_\_\_

### COMPANY INFORMATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Company Address for Mailing: \_\_\_\_\_  
(if different) \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Legal Status of Company: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_



## PRODUCT INFORMATION

Product Name and Model Number: \_\_\_\_\_

Brief Description of Product: \_\_\_\_\_

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

If possible, please email GCT a catalog sheet or pictures of the products to be tested.

## FACILITY INFORMATION

Facility Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City	State	Zip
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Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Production Facility Contact: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Holidays/Closings: \_\_\_\_\_

Size of Facility (square feet): \_\_\_\_\_

Total Employees: Salaried \_\_\_\_\_ Hourly \_\_\_\_\_



**Affidavit:** I certify that I agree to comply with the applicable Gulf Coast Testing policies and ANSI/NSF Standards related to the use of the GCT mark. I am authorized by the company to agree that the company will pay for any charges billed for services rendered at the request of the company in the initial evaluation and/or testing of products for Certification.

A check in the amount of \$500 is enclosed for the certification application deposit. I understand that upon acceptance by Gulf Coast Testing, LLC, the deposit is non-refundable. Charges for all other services will be invoiced as rendered.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

**PLEASE RETURN THIS APPLICATION AND CHECK TO:**

**WILLIAM DANIEL, PROGRAM MANAGER  
GULF COAST TESTING, LLC  
17170 PERKINS ROAD  
BATON ROUGE, LA 70810**

**MAKE CHECK PAYABLE TO GULF COAST TESTING, LLC**