



Application for Certification

COMPANY INFORMATON

Company Name: _____

Contact Name: _____

Company Address: _____

City State Zip

Mailing Address: _____
(if different)

City State Zip

Legal Status of Company: _____

Other Legal Entities of Company: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Certification Requested

____ NSF/ANSI Standard 40

____ NSF/ANSI Standard 46

____ NSF/ANSI Standard 385

____ NSF/ANSI Standard 245

____ NSF/Standard 350

____ Other _____

PRODUCT INFORMATION

Product Name and Model Number: _____

Brief Description of Product: _____



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FACILITY INFORMATION

Facility Address: _____

 City State Zip

Phone: _____ Fax: _____

Production Facility Contact _____

Hours of Operation: _____

Total Employees: Salaried _____ Hourly _____

Affidavit: I certify that I agree to comply with the applicable Gulf Coast Testing policies and NSF/ANSI 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 and charges for all other services will be invoiced as rendered.

Signature

Date

Printed Name

Title

PLEASE RETURN THIS APPLICATION AND CHECK TO:

**GULF COAST TESTING, LLC
 5261 Highland Rd #347
 Baton Rouge, LA 70808**

MAKE CHECK PAYABLE TO GULF COAST TESTING, LLC.