

**National Institute for Occupational Safety and Health
National Personal Protective Technology Laboratory
Respirator Branch**



Standard Application Form for the Approval of Respirators Version 7

[C.1] Applicant-Assigned Reference Number:

[C.2] Type of Application: **Quality Assurance Approval**

[C.3] Manufacturer Data

Does your organization currently hold any NIOSH approvals? Yes No

[C.3] Manufacturer:

Status of Facility:

[C.5] Application Representative:

[C.3] Address:

[C.3] Telephone:

[C.3] Internet Address:

[C.3] FAX:

[C.15] Shipping Number:

[C.4] Manufacturing Site Name,
if different from above:

Has your organization submitted a request for approval for any respirator produced at this manufacturing site at any time in the last 3 years? Yes No

Public reporting burden of this collection of information is estimated to average 64 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0109). Do not send the completed form to this address.

Standard Application Form for the Approval of Respirators Version 7

[C.1] Applicant-Assigned Reference Number:

[C.6] Date of Application:

[C.7] Type of Product: **Quality Assurance Manual**

[C.8] Is this an amended application? Yes No

[C.9] Reason for Application:

[C.16] Quality Assurance Documentation:

Title of QA Manual:

Revision:

Date of QA Manual:

Has the QA Manual been previously accepted? Yes No In Process

If in process, under which reference number was the QA Manual previously submitted?

[C.24] Summary of Related Documents:

Document Type	Description (60 char. or less)
File Name	Program used to create the file

I certify the information contained in this application is correct and that if approved, no further changes will be made to the product(s) without prior written approval of the National Institute for Occupational Safety and Health, Respirator Branch.

Signature of Authorized Representative