Form Approved: OMB No. 0920-0109
Exp. Date: Nov. 30, 2007

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.3] Manufacturer Data: **[C.2]** Type of Application: **New**

Does your organization currently hold any NIOSH approvals?	○ Yes	○ No	
Is this a CBRN application?	○ Yes	○ No	CBRN Type
Is this a SEI joint application? (CBRN/NFPA)	○ Yes	○ No	
Is this a SEI retrofit respirator?	○ Yes	○ No	

[C.3] Manufacturer:

Status of Facility:

[C.5] Application Representative:

[C.3] Address:

[C.3] Telephone:

[C.3] FAX:

[C.3] Internet Address:

[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**

Standard Application Form for the Approval of Respirators Version 7

[C.1] Applicant-Assigned Reference Number:

[C.6] Date of Application:

[C.2] Type of Application:

[B.2.4] Previous Task# (if resubmittal):

[C.7] Type of Product:

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

[C.12/ C.8] Is this device intended for mine use? ○ Yes ○ No

[C.8] Is the approval of this application dependent upon the approval of an application that is in process? ○ Yes ○ No

If yes, enter the reference number of the application in process?

[C.9] Reason for Application:

[C.10] Approval History:

[C.15] Is testing required? ○ Yes ○ No

If testing is not required, state why:

Do you want test samples returned? ○ Yes ○ No

If no, NIOSH will dispose of samples.

[C.11] Respirator Description:

[C.12] Intended Protection and Safe Design:

[C.13] Pre-submission tests that have been performed

[C.14] Model Numbers:

[C.15] Test Samples:

[C.16] Quality Assurance Documentation:

[C.17] Fee Data:

[C.24] Summary of Related Documents:

[C.1] Applicant-Assigned Reference Number:

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