

**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: **Extension**

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:

[B.2.4]

[C.2] Type of Application: **Extension**

Previous Task#(if resubmittal):

[C.7] Type of Product:

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

[C.8] Is this application the result of any type of field problem or non-conforming site or product audit? If yes, enter the related task number. Yes No

Related Task#:

[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.8] Is this request for a modification involving a recall or retrofit program? If yes, include a copy of the Recall/Retrofit Notice to Users. Yes No

[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] Type of respirator:

Does this modification affect the approval label? Yes No

Does the respirator have an exhalation valve? Yes No n/a

Description of respirator:

[C.12] Intended Protection and Safe Design:

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[C.1] Applicant Assigned Reference Number:

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

[C.15] Test Samples:

[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.17] Fee Data:

[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