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

[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**

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[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? ○ Yes ○ No
If yes, include a copy of the Recall/Retrofit Notice to Users.

[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:**

[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