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.2] Type of Application: Quality Assurance Approval [C.3] Manufacturer Data O Yes Оио Does your organization currently hold any NIOSH approvals? [C.3] Manufacturer: Status of Facility. [C.5] Application Representative: [C.3] Address: [C.3] Telephone: [C3] 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?

[C.1] Applicant-Assigned Reference Number:

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.

Ctandard Applicati	ion Form for the Amazon of Despiretors Version 7
	ion Form for the Approval of Respirators Version 7 cant-Assigned Reference Number:
[C.6] Date of Application	
[C.7] Type of Product:	Quality Assurance Manual
[C.8] Is this an amended appli	ication? O Yes O No
[C.9] Reason for Application:	
C.16 Quality Assurance I	Documentation:
Title of QA Manual:	
Revision:	
Date of QA Manual:	
Has the QA Mamual been previ	iously accepted? O Yes O No O In Process
If in process, under which refere QA Manual previously submitted	
C.24] Summary of Related	l Documents:
Оосимент Туре	Description (60 char. or less)
File Name	Program used to create the file
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-	ned in this application is correct and that if approved, no further duct(s) without prior written approval of the National Institute alth, Respirator Branch.
	Signature of Authorized Representative