Form Approved: OMB No. 0920-0109
Expiration Date: Xxx XX, 20XX

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: **AAA_Sample**

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

[C.3] Manufacturer Data:

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

CBRN Type **N/A**

[C.3] Manufacturer: **Sample**

Status of Facility: **Approval Holder**

[C.5] Application Representative: **Sample**

[C.3] Address: **Sample**
Sample
Sample

[C.3] Telephone: **111111**

[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: **AAA_Sample**

[C.6] Date of Application: **07/14/2014**

[C.2] Type of Application: **New** **[B.2.4]** Previous Task# (if resubmittal):

[C.7] Type of Product: **Air-Purifying**

[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: **Sample 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:

General Type: **Regular Production Unit (RPU)**

Type of AP Respirator: **Particulate Filtering**

Facepiece Type: **Filtering Facepiece**

Powered? **Non-powered**

Type of Fit: **Tight fit**

Is this respirator fit-checkable? ◉ **Yes** ○ **No**

If the respirator is fit-checkable, include fit check instructions. If the fit check procedure requires use of ancillary equipment, provide this equipment with all other hardware submitted for approval testing.

If the respirator contains electrical components, have the components been approved by MSHA for intrinsic safety? ○ **Yes** ○ **No** ◉ **Does not apply**

Does this respirator have an exhalation valve? ◉ **Yes** ○ **No**

Does this respirator have an inhalation valve? ○ **Yes** ◉ **No**

[C.1] Applicant-Assigned Reference Number: **AAA_Sample**

Number of Filters: **1**

Location of Filter: **Facepiece-mounted**

Is the filter replaceable? ○ **Yes** ◉ **No**

Comments:

[C.12] Intended Protection and Safe Design:

Series and Level of Protection

N95

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

[C.14] Model Numbers:

[C.15] Test Samples:

[C.16] Quality Assurance Documentation:

Title of QA Manual: **Sample**

Revision: **1**

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:

Check Number:

Check Date:

Check Amount:

[C.24] **Summary of Related Documents:**

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