Form Approved: OMB No. 0920-0109
Exp 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_qa**

[C.2] Type of Application: **Quality Assurance Approval**

[C.3] Manufacturer Data

Does your organization currently hold any NIOSH approvals? ○ Yes ◉ No

[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**

Standard Application Form for the Approval of Respirators Version 7

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

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

[C.7] Type of Product: **Overall QA System (Manual and Plan)**

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

[C.9] Reason for Application: **Sample QA**

[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.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