

Document Name: NIJ CTP Authorized Representative	Approval Date: dd Mmm yyyy
Revision: 07 Dec 2015	Implementation Date: dd Mmm yyyy
OMB Number: 1121-0321	Expires: dd Mmm yyyy

National Institute of Justice Compliance Testing Program Authorized Representatives Notification

In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The OMB number for this collection is 1121-0321. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information.

This information is being requested pursuant to 6 U.S.C. 162(b)(4) and 6 U.S.C. 162(b)(6)(B). The disclosure is voluntary. The information provided on this form will be used by the National Institute of Justice (NIJ) to administer the NIJ Compliance Testing Program (NIJ CTP), a conformity assessment program for products used by criminal justice practitioners. This information and the associated products are submitted voluntarily.

PRIVACY ACT NOTICE: The information provided in this document is not considered Confidential Commercial Information and may be released without limitations or restrictions.

This NIJ CTP Authorized Representative Notification is dated when signed by the Applicant Signatory, and is between the Applicant and the Conformity Assessment Body ("CAB"), which consists of both NIJ and the recipient of the Cooperative Agreement Number 2014-IJ-CX-K004 issued by the Office of Justice Programs, NIJ.

The CAB implements the functions of the NIJ CTP, a program funded by NIJ, which in turn is part of the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP). NIJ monitors and directs the administration of the NIJ CTP.

This agreement shall supersede all previous National Institute of Justice Compliance Testing Program Authorized Representative Notifications between the Applicant and the CAB.

Please provide business headquarters information below.

Applicant Name: _____

Applicant Address: _____

Telephone: _____

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The Applicant hereby expressly acknowledges and agrees that the following **Authorized Representatives** are authorized to supply information concerning product submittals and surveillance on which the NIJ CTP may act:

Authorized Representatives

#1 (Name/Title): _____

#1 Telephone Number: _____

#1 E-mail: _____

#2 (Name/Title): _____

#2 Telephone Number: _____

#2 E-mail: _____

#3 (Name/Title): _____

#3 Telephone Number: _____

#3 E-mail: _____

#4 (Name/Title): _____

#4 Telephone Number: _____

#4 E-mail: _____

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Applicant Signatory

(an officer or representative of the Applicant who has the authority to bind it)

(Name/Title): _____
Telephone Number: _____
E-mail: _____

The Applicant agrees to the terms of this agreement and warrants that it has made no alterations to its text. The undersigned represents and warrants that he/she is authorized to execute this agreement on behalf of the Applicant and is signing this agreement on the date stated opposite the Applicant's signature.

Applicant Signatory

Date