

Document Name: NIJ CTP Listee Notification	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 Multiple Listee 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 to administer a conformity assessment program for products used by criminal justice practitioners. This information and the associated products are voluntarily submitted under the Compliance Testing Program.

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 Listee Notifications for this model between the Applicant and the CAB.

Test ID: _____

Model Designation: _____

Date of Notification: _____

Please provide business headquarters information below.

Applicant Name: _____

Applicant Address: _____

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Telephone:

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Test ID: _____

Model Designation: _____

The Applicant hereby expressly acknowledges and agrees as follows:

Although it is not required that the Applicant has ownership of all brands or trademarks identified here, the Applicant warrants that it has permission from the owner (Listee) to engage in brand labeling of the product model identified above.

The NIJ CTP maintains a Compliant Products List (CPL) identifying models compliant with program requirements. Product listing includes model designation and Listee/Brand.

Other than the Listee information provided here and included on the label, no other changes are permitted by this agreement.

Use of this form to identify multiple Listee status does not authorize additional or alternative manufacturing locations.

The NIJ CTP shall hold the applicant responsible for actions they or the Multiple Listee(s) may take in regards to this model. Failure of the Applicant or additional Listee(s) to abide by the requirements of the NIJ CTP could have a negative impact on the Applicant's continued participation in the NIJ CTP, up to and including the removal of all Applicant models from the CPL under any brand or trademark.

Final labeling shall be both controlled by and the responsibility of the Applicant.

Listee # 1:

Company:

Name _____

Address _____

Point of Contact:

Name _____

Title _____

Phone _____

E-mail _____

Trade Name/Brand _____

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Listee # 2:

Company:

Name _____

Address _____

Point of Contact:

Name _____

Title _____

Phone _____

E-mail _____

Trade Name/Brand _____

Listee # 3:

Company:

Name _____

Address _____

Point of Contact:

Name _____

Title _____

Phone _____

E-mail _____

Trade Name/Brand _____

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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: _____

____ additional pages have been attached (each page initialed and dated) to indicate additional manufacturing locations.

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 the Multiple Listees referenced here.

Applicant Signatory

Date

NLECTC-National Representative Acknowledgement:

Signature

Date

Name (Please print/type)