



**Occupational Safety  
and Health Administration**



OMB No. 1218-0147

USDOL - OSHA  
Office of Technical Programs and Coordination Activities  
Directorate of Technical Support and Emergency Management  
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Account Number: F92031-NRTL

### **NRTL PROGRAM FEE PAYMENT**

Advance Payment

Payment for Services Rendered

Invoice No.: \_\_\_\_\_ Service Request Date: \_\_\_\_\_

Application/Fee Description *(enter title from invoice or short description of services requested)*:  
\_\_\_\_\_

NRTL Company Name: \_\_\_\_\_

Billing Address 1: \_\_\_\_\_

Billing Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Person: \_\_\_\_\_

*(Enter name of person who can be contacted regarding questions about payment.)*

Telephone Number *(include country code)*: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT:** \$ \_\_\_\_\_