

Standard Application Form

Form Approved: OMB No.
0920-0109 Exp. Date: xx/xx/20xx

version 9. 20190409 _ 1

Import XML

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A. Company Information

(A.1) Company Name

(A.2) Address Line 1

(A.3) Address Line 2

(A.4) City

(A.5) State

(A.6) Country

(A.7) Postal Code

B. Plant Address

Same as Company

(B.1) Address Line 1

(B.2) Address Line 2

(B.3) City

(B.4) State

(B.5) Country

(B.6) Postal Code

C. Reason for requesting manufacturer code

Please select all options that apply

- To sell NIOSH-approved respirators manufactured by my company
- To sell NIOSH-approved respirators manufactured by another approval holder
- To obtain NIOSH approval for respirators that my company designs but that are manufactured by another company for me

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D. Contacts

**Primary
Contact**

(D.1) Prefix

(D.2) Official Title

(D.3) Suffix

(D.4) Given

(D.5) Middle Initial

(D.6) Surname

(D.7) Telephone Number

(D.8) Fax Number

(D.9) E-mail

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E. Major Suppliers and/or Subcontractors

We have no suppliers or subcontractors

(E.1) Company Name

(E.2) Affiliation

(E.3) City

(E.4) State

(E.5) Country

(E.6) Item Supplied

F. Quality System

Please Note: A documented quality system and approved quality manual must be on file at NIOSH before any NIOSH certificates of approval will be issued.

(F.1) Does your company have a documented quality system?

Yes

No

(F.2) Are you familiar with the requirements of 42 CFR Part 84?

Yes

No

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G. Product Details

For which type of respirator will you be seeking NIOSH approval?

List any subcontracted items here, and list the associated subcontractors in section E.

Product Description

Signed: _____

Dated

Print Name: _____

Return the completed questionnaire **and photos of your manufacturing facility** to:

NIOSH / NPPTL / CVSDB
ATTN: Records Room, B/141, Room 127
626 Cochran's Mill Road
Pittsburgh, PA 15236

Or via email to RecordsRoom@CDC.GOV or FAX to (412) 386-4051

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(C.8.J) Are you seeking approval for an Self-Contained Breathing Apparatus respirator?

Yes No

(C.8.M) Is this a Chemical, Biological, Radiological, and Nuclear application?

Yes No

(C.8.P) Is testing required?

Yes No

(C.8.Q) Source of submitted samples

(C.8.R) Return tested equipment?

Yes No