# Standard Application Form

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

version 9. 20190409 _ 1

Import XML | Export XML

## 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

USA

## 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

USA

## 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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Form Approved: OMB No. 0920-0109

version 9. 20170407_1

## 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

# Standard Application Form

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version 9. 20170407_1

## 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

USA

(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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version 9. 20170407_1

## 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 Cochrans Mill Road
Pittsburgh, PA 15236

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

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version 9. 20170407_1

(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