### 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) Co	ompany Name			
(A.2) Ac	ddress Line 1			7
(A.3) Ac	ddress Line 2			
(A.4) Cit	(A.4) City (A.5) State (A.6) Country (A.7) Postal Code			
(1.1) Cit		(A.5) State	USA	(III) I OSTAI COAC
B.	B. Plant Address			
Sam	e as Company			
(B.1) Ad	Idress Line 1			
(B.2) Address Line 2				
(B.3) Cit	ty	(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			

Public reporting burden of this collection of information is estimated to average 229 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA(0920-0109). Do not send the completed form to this address.

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### D. Contacts

<b>Primary</b> 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 Subc	ontractors		
☐ 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 of approval will be issued.	d quality manual must be	on file at NIOSH before any NIOSH certificates	

Yes

Yes

O No

O No

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

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

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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 Na	me:		

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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(C.8.P) Is testing required?

 $\bigcirc$ No

Yes

(C.8.Q) Source of submitted samples

(C.8.R) Return tested equipment?

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No