



AIR MOVEMENT AND CONTROL ASSOCIATION INTERNATIONAL, INC.

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AMCA CERTIFIED RATINGS SEAL
ALTERNATE MANUFACTURER APPLICATION FORM CRP L

TO: AIR MOVEMENT AND CONTROL ASSOCIATION INTERNATIONAL, INC.

Please accept our application for license to use the AMCA Certified Ratings Seal on the product listed hereon. We are manufacturing this product licensing arrangement from

(Original Licensee)

We certify that our product is identical to that produced by the Original Licensee. The Original Licensee is currently licensed to use the AMCA Seal on the product referenced hereon and is in full agreement with the content of this application. We understand that the license to use the AMCA Seal is dependent on the Original Licensee maintaining full compliance with AMCA's Certified Ratings Program.

Application for rating:

- | | |
|--|---|
| <input type="checkbox"/> Air Performance | <input type="checkbox"/> Sound & Air Performance |
| <input type="checkbox"/> Air Leakage | <input type="checkbox"/> Efficiency Sound & Air Performance |
| <input type="checkbox"/> CFM/Watt Air Performance | <input type="checkbox"/> Induced Flow Fan Sound & Air Performance |
| <input type="checkbox"/> Efficiency Air Performance | <input type="checkbox"/> Residential Sound & Air Performance |
| <input type="checkbox"/> PPV Air Performance | <input type="checkbox"/> Inlet Sound |
| <input type="checkbox"/> Induced Flow Fan Air Performance | <input type="checkbox"/> Outlet Sound |
| <input type="checkbox"/> Residential Air Performance | <input type="checkbox"/> Total Sound |
| <input type="checkbox"/> Smoke Management Fan Performance | <input type="checkbox"/> One-Third Octave Bands |
| <input type="checkbox"/> Smoke Management Fan Performance Reversible Operation | <input type="checkbox"/> Octave Bands |
| <input type="checkbox"/> Water Penetration | <input type="checkbox"/> Hemispherical Sones |
| <input type="checkbox"/> Wind Driven Rain | <input type="checkbox"/> Spherical Sones |
| | <input type="checkbox"/> LWA |

Applicant Company _____

Company Address _____

Authorized Signature _____ Date _____

Print Name _____ Title _____

We have examined this application and its content and we fully endorse it.

Original Licensee _____

Address _____

Authorized Signature _____ Date _____

Print Name _____ Title _____

