

APPLICATION FOR RECOGNITION AS NATIONALLY RECOGNIZED TESTING LABORATORY IN FLORIDA

Name of Company:	
Address:	
Telephone Number of the Main Facility: ()	
Telephone Number(s) of Branch Offices (if any);	
The contact person's name, address, and phone number for all information pertaining to this application	
or any questions relating to it are: Name:	
Address:	
Phone:	
Fax:	
Email:	
Please provide evidence that your company is recognized by the United States Department of Labor as a National Recognized Testing Laboratory. The evidence must include the classification(s) for which your company is recognized by the U.S.D.O.L.	ally
Classification(s) for which recognition is sought:	
 □ Section 633.306, F.S., pertaining to fire suppression equipment, □ Section 633.308, F.S., pertaining to fire extinguishers. □ Section 633.314, F.S., pertaining to certain types of fire extinguishers. □ Section 633.334, F.S., pertaining to fire protection systems. □ Section 633.348, F.S., pertaining to alarm systems. 	

This certifies that, with reference to the laboratory's testing of any equipment,

- There are no managerial affiliations with any producer, supplier, or vendor; There are no securities investments in any product line of any product provided for testing; 2.
- The employment security of personnel is free from influence by any producer, supplier or vendor of any item 3. to be tested;
- atack antions in any product line of any item qualified to be tosted:

4. 5.	The laboratory is not owned, operated, or system tested or to be tested.	controlled by any producer, supplier, or vendor of any i	tem or	
	system tested of to be tested.	Applicant		
		Authorized Signature		
		Printed Name of Person Signing		
		Printed Position of Person Signing		
For Div	ision of State Fire Marshal use only: Classific	cation for which Application was approved:		
	□ Section 633.306, F.S., pertaining to fire suppression equipment,			
	Section 633.308, F.S., pertaining to fire extinguishers.			
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	Section 633.348, F.S., pertaining to alarm s			
	None. Application was □ Withdrawn, □ Dis	approved		