|  |  |  |
| --- | --- | --- |
| **1. APPLICANT:** |  | (trade name or name of natural person) |
| 2. Town: |  | 3. IN: |  | 4. Tax no: |  |
| 5. Street, no.: |  | 6. Postcode: |  | 7. State: |  |
| 8. Tel.:  |  | 9. Fax: |  | 10. Email: |  |
| 11. Banking connection: |  | 12. Account no.: |  |
| 13. Statutory representative: |  | 14. Tel.: |  | 15. Email:  |  |
| 16. Legal representative: |  | 17. Tel.:  |  | 18. Email:  |  |
|  |  |  |  |  |  |
| **19. MANUFACTURER:** |  | (if other than applicant) |
| 20. Town: |  | 21. Street,no.: |  | 22. Postcode: |  | 23. State:  |  |
| 24. Tel.: |  | 25. Fax: |  | 26. Email: |  |
| 27. Address of production facility: |  | 28. State:  |  |
| 29. GPS Address:  |  |
|  |  |
| **30.** **PRODUCT:**  |  |
| Set precise name according to the technical documentation used for manufacturing, incl. all specifications (subtype, finish, thickness class, etc.) |
| 31.**TYPE OF RESIN:** | **Formaldehyde-based resin YES ☐ NO ☐** |  |
|  | **No-added formaldehyde-based resin YES ☐ NO ☐** | If YES, do you apply for a two-year exemption from the testing requirements according to § 770.17? **YES ☐ NO ☐** |
|  | **Ultra low-emitting formaldehyde resin YES ☐ NO ☐** | If YES, do you apply for approval either to conduct less frequent testing according to § 770.18?  **YES ☐ NO ☐** |
|  |  |  |  |
| **32.** **The applicant hereby orders verifying of conformity from the Third Party Certifier (TPC) according to:** |  |
| 33. Normative document: | **Toxic Substances Control Act (TSCA) Title VI – Part 770 Formaldehyde Emission Standards for Composite Wood Products** |
| 34. Certification scheme: | **40 CFR Part 770.7 (c)(4)(i)(A)-(F)** |

**The Applicant declares** that he/she has not applied for the performance of the aforementioned activities in respect with the specified product at any other Third Party Certifier.