Architectural Testing, Inc.
PROGRAM APPLICATION/CONTACT FORM

(Please Print)

Certification Program Enrolling In:
- ☐ Acoustical Certification
- ☐ Roof Impact Certification
- ☐ Security Fenestration Certification
- ☐ Security Screen and Storm Shutter Certification Program
- ☐ Solar Collector Certification Program

Questions? Contact ATI-CS – 717-764-7700

Quality Assurance Product Category Enrolling In:
- ☐ Fiber Reinforced Polymer Columns
- ☐ Sandwich Building Panel
- ☐ Manufacturer's Laboratory QA Program
- ☐ CA State Fire Marshal Listing (siding and deck products only)
- ☐ Quality Assurance (General)
- ☐ Quality Assurance (Florida Product Approval)
- ☐ Deck and Handrail

Evaluation Reports
- ☐ ATI-CCRR
- ☐ Applied ☐ Pending
- ☐ Approved (No.) ATI-CCRR
- ☐ ICC-ESR
- ☐ Applied ☐ Pending
- ☐ Approved (No.) ICC-ESR

APPLICANT INFORMATION

Company Name (*Full Legal Name*):	Company website:

Billing Contact Name:	Billing Contact Email:	Does Invoice Require PO #? ☐ Yes ☐ No

P.O. Box:	Billing Address:

City:	State:	ZIP Code:	Send invoice to Billing Contact? ☐ Yes ☐ No

Corporate Telephone:	Corporate Fax:

Plant Information: (*Audit Location*) ☐ Same as above ☐ Single Location ☐ Multiple Locations (use separate form for each location)

Plant Name (if different from above):

P.O. Box:	Address:

City:	State:	ZIP Code:

Telephone:	Fax:

Primary association with product: ☐ Manufacturer ☐ Fabricator ☐ Distributor or other reseller
☐ Other (describe)

CONTACT INFORMATION

Please Note: Email must be provided - all reports, correspondence, etc., will be forwarded via PDF format. Provide an updated form whenever the plant contact(s) information changes.

Plant or Site Manager:	Position or Title:
Telephone:	Fax:	Email:
Primary Audit Contact Name:	Position or Title:
Telephone:	Fax:	Email:
Secondary Audit Contact Name:	Position or Title:
Telephone:	Fax:	Email:
Other Contact Name:	Position or Title:
Telephone:	Fax:	Email:
Other Contact Name:	Position or Title:
Telephone:	Fax:	Email:
CC Contact Name:	Position or Title:
Telephone:	Fax:	Email:
CC Contact Name:	Position or Title:
Telephone:	Fax:	Email:

NOTES:

ADDITIONAL INFORMATION

Attach directions to the plant location and a schedule of all closings for vacation, holidays, inventories, or similar activities which would render audits impossible or impractical.

Signature:	Date:
Name (Print):	Title:
Telephone:	Fax:	Email:

Architectural Testing, Inc.

Quality Assurance and Certification Programs

PRODUCT INFORMATION
(Products to be enrolled at this location. Attach additional sheet if necessary)
Product Name:
Product designation as it is to be listed on Architectural Testing's Web Site:
Product Description:
Applicable Test / Evaluation Reports *(CCRR #; ICC-ES #; Florida Approval #)*:
Product Name:
Product designation as it is to be listed on Architectural Testing's Web Site:
Product Description:
Applicable Test / Evaluation Reports *(CCRR #; ICC-ES #; Florida Approval #)*:
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