



Application for Certification of an Indoor Air Cleaning Device

Submit an [Application Number Request](#) form to aircleaners@arb.ca.gov before completing this form.

Enter your CARB Application Number here: _____

CARB may confirm test results with the testing laboratories and is legally required to provide ozone test results in response to public records requests.

Does this application contain other proprietary information that you do not want released to the public?

Yes ☐ / No ☐

Section A. Contact Information

A.1. Company Applying for Device Certification *(will be issued Executive Order)*

Contact Person First Name: _____ Last Name: _____

Company Name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____ Zip: _____

Country: _____ Website: _____

Email: _____ Phone: _____

A.2. Company Where Device Manufactured *(if different from A.1)*

Contact Person First Name: _____ Last Name: _____

Company Name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____ Zip: _____

Country: _____ Website: _____

Email: _____ Phone: _____

A.3. Applicant Representative *(if different from A.1)*

Contact Person First Name: _____ Last Name: _____
Organization Name: _____
Address Line 1: _____
Address Line 2: _____
Address Line 3: _____
City: _____ State: _____ Zip: _____
Country: _____
Email: _____ Phone: _____

Section B. Air Cleaning Device Information

B.1. Device Details

Provide information about the model to be certified; this information will be listed on [CARB's Certified List](#) webpage.

#	Brand Name	Model Number
1		

B.2. Additional Models to be Certified

List additional models to this model group. A model group is typically comprised of devices included in the same electrical safety report. If you have more than 10 models, please request an additional form.

Note: List only one brand name and model number per row.

#	Brand Name	Model Number	Differences from Model in Section B.1
2			
3			
4			
5			
6			
7			
8			
9			
10			

B.3. Previously Certified Model in Model Group

Is the device part of a model group that was previously certified?

Yes ☐ / No ☐

If “Yes”, please provide information about the previously certified air cleaner:

Executive Order or Application Number	Company Issued EO	Brand Name	Model Number	Differences from Model in B.1

B.4. Air Cleaner Function

Indicate what type of technology is used in the air cleaner:

Mechanical ☐ ESP ☐ NCCO ☐ UV ☐
Ionizer ☐ PCO ☐ Other

**For portable indoor air cleaners with a UV light source that does not emit any light below a wavelength of 240nm, a spectrum showing the wavelengths of light emitted, as tested by the laboratory that conducted the electrical safety test, must be submitted with the application.*

Describe in a few sentences how the air purifier works, including technologies used:

B.5. Air Cleaner Maintenance

Describe the air cleaner’s maintenance requirements; do not reference the owner’s / operations manual:

Section C. Electrical Safety*To be completed by the applicant***C.1. Laboratory That Tested Device**

Testing Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Contact Person First Name: _____ Last Name: _____

Email: _____ Phone: _____

C.2. Electrical Safety Test ConductedUL 507 ☐UL 499 ☐UL 1017 ☐UL 1993 ☐UL 867 ☐UL 153 ☐UL 1278 ☐UL 1995 ☐UL 484 ☐UL 998 ☐UL 1598 ☐Other **Section D. Applicant Signature**

With the electronic signature below, I certify that the information provided in this application is true and correct to the best of my knowledge:

Signature: _____ Date: _____

Print Name: _____

*The electronic signature must have a digital audit trail that includes a time stamp.**If you cannot sign electronically, print this page, fill out, scan, and submit it with the application package.***Section E. Checklist of Documents to Submit with this Form**

1. Owner's or operations manual
2. Exploded parts diagram labeled in English
3. Electrical safety test report
 - a. UV lamp spectrum, if applicable (see Section B.4.)
 - b. Authorization to Mark (ATM), for devices tested by Intertek
 - c. Copy of the online directory listing from the testing laboratory verifying current certification

4. For devices tested for ozone emissions:
 - a. Section F below, completed and signed by the laboratory
 - b. Chain of Custody forms
 - c. Ozone test report

Section F. Ozone Emissions

Section F to be completed by the ozone testing laboratory. Applicant should provide the ozone testing laboratory with the entire application.

F.1. Laboratory That Tested Device

Testing Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Contact Person First Name: _____ Last Name: _____

Email: _____ Phone: _____

F.2. Ozone Emissions Test Conducted

UL 867 ☐

CSA C22.2, no. 187-20 ☐

F.3. Units Tested and Device Information

Unit	Manufacture Date	Date Test Completed	Brand Name & Model Number	Serial Number, Manufacture Code, or Lab Sample Number
1				
2				

- a. Can the device be operated with the fan(s) not functioning?
(Note: If "Yes", must test with the fan(s) not functioning) Yes ☐ / No ☐
- b. Is the device designed for use with multiple filter technologies? Yes ☐ / No ☐
- c. Can the device be operated with the filters removed? Yes ☐ / No ☐
- d. Was the device tested with all the filters removed? Yes ☐ / No ☐
- e. If "No" to either (c) or (d), briefly explain how the ozone emissions test was conducted in accordance with Sections 40.1.3 – 40.1.5 of UL 867:

- f. Did any transitory measurements exceed 0.050 ppm? Yes ☐ / No ☐

F.4. Ozone Test Results

Report ozone test results below as the maximum concentration minus the background concentration. If the device has multiple speeds/output levels, please provide ozone test results for all settings for which the device was tested.

Note: Only report both C(t) Max ozone measurements if a transient measurement exceeds 0.050ppm. C(t) Max (5-minute ppm) is defined as the 5-minute average measurement, and C(t) Max (1-minute ppm) is the transient peak.

Device Setting	Concentration (ppm)	Test Length (hours)	C(t) Max (5-min ppm)	C(t) Max (1-min ppm)

Additional comments:

F.5. Signature of Ozone Testing Laboratory Representative

With the electronic signature below, I certify that the information provided about the ozone test (Section F) is true and correct to the best of my knowledge:

Signature: _____ Date: _____

Print Name: _____

*The electronic signature must have a digital audit trail that includes a time stamp.
If you cannot sign electronically, print this page, fill out, scan, and submit it with the application package.*