

Appendix D: Certification Application Format

INDOOR AIR CLEANING DEVICE CERTIFICATION APPLICATION

MANUFACTURER INFORMATION:

Company Name: _____

Phone Number: _____

Your Name: _____

Mailing Address: _____

Email address: _____

Website: _____

APPLICANT OR REPRESENTATIVE INFORMATION: (fill in only if different from manufacturer)

Your Name: _____

Organization: _____

Phone Number: _____

Relationship to manufacturer: _____

Mailing Address: _____

Email Address: _____

INDOOR AIR CLEANING DEVICE INFORMATION:

Brand Name: _____

Model Number: _____

Model Name: _____

Model Group: _____

(Please list additional models within this model group here):

This model group meets ARB definition. **Signature:** _____

DEVICE OPERATION:

Principles of Design and Operation: (please attach schematics, and additional documentation if necessary)

Maintenance Requirements: (please attach additional documentation if necessary)

All available marketing materials or owner's manuals should be included with application materials.

The information provided on this form is true and correct to the best of my knowledge.

Signature _____ **Date:** _____

INDOOR AIR CLEANING DEVICE CERTIFICATION APPLICATION

AIR CLEANER TEST INFORMATION:

Test Facility Name _____

Test Facility ID No.: _____

Mailing Address: _____

Phone Number: _____

Contact Person: _____

Electrical safety requirements of ANSI/UL: (circle applicable standard and if passed)

867 **Y / N** 507 **Y / N**

Date the ozone emission measurements were performed _____

Ozone emissions from unit 1 (background subtracted maximum, ppm):

Ozone emissions from unit 2 (where necessary, background subtracted maximum, ppm):

Ozone measurements were obtained following procedures in UL Section 37 March 2007 Certification Bulletin:

Circle one: **Y / N**

Please describe any test failures or exceedances:

Additional comments:

Please attach a copy of the chain of custody for the devices tested.

I personally tested this device; the information on this page is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

(Test lab technician who conducted tests)