Appendix D: Certification Application Format
California Air Resources Board

ARB Application No.___________

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: ____________________________

Page 1
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)