



APPLICATION FOR LICENSE

**WDMA HALLMARK CERTIFICATION PROGRAM
WINDOW/GLASS DOOR/SKYLIGHT UNITS**

(1.)Name of Applicant

Firm _____
 Address _____ City _____
 State ____ Zip _____ — Telephone (____) _____ Fax (____) _____
 Main Contact: _____ E-mail address: _____
 Contact for the web page listing: _____ E-mail address: _____
 By _____ Title _____
 NFRC Certified? Yes No

Additional Manufacturing Plants

(2.) _____
 Address _____ City _____
 State ____ Zip _____ — Telephone (____) _____ Fax (____) _____
 Contact _____ Title _____
 NFRC Certified? Yes No

(3.) _____
 Address _____ City _____
 State ____ Zip _____ — Telephone (____) _____ Fax (____) _____
 Contact _____ Title _____
 NFRC Certified? Yes No

PRODUCT LINE INFORMATION

List the operator type, trademark names, other identifying information, product ratings (H-R15, H-LC25, etc.), and whether the test results and Detailed Information File are enclosed for each design you wish included inthe Hallmark Program.

Operator Type	MFG. Plant Number <small>(i.e.1,2,3, etc above)</small>	Trademark Name or other Identifying Information	Product Rating Design Pressure	Test Results (Yes or No) <small>If yes, please state the report number</small>	Detailed Information File (Yes or No)	NFRC Product Line # (If Certified)

(OVER)

FINGERJOINT INFORMATION

SUPPLIERS	TRADE NAME OR I.D.	ADHESIVE MANUFACTURER

TREATING FORMULATION

1. Trade Name of Treating Formulation Being Used: _____
2. Formulation Supplier: _____
3. In what form is it purchased by you? _____ Ready-to-Use _____ Concentrate
4. Active Ingredient
(Chemical): _____
Concentration (%): _____
5. Solvent: _____ Mineral Spirits _____ Water

TREATING PROCESS

1. Method of Application and description of equipment used:

2. Length of immersion time or description of treating cycle:

3. List the number of treating lines and facilities at which the material is treated:
 1. _____
 2. _____
 3. _____
 4. _____

Note: Processing of this application cannot proceed unless test results and the Detailed Information File are submitted for each design.

The products which we produce and are described on this application form, test reports and Detailed Information Files fully comply with the requirements of the latest revision of AAMA/WDMA/CSA 101/I.S.2/A440 (refer to the attached WD-016 WDMA Hallmark Reference Standards List). **Exception:** Folding Doors only need to comply with 101/I.S.2/A440-08 Standard/Specification for windows, doors, and skylights. I have fully reviewed the outline of this program prior to the completion of this application.

Signature Title Date

Additional Manufacturing Plants continued from original application page.

(4.) _____
Address _____ City _____
State ____ Zip _____ — _____ Telephone (____) _____ Fax (____) _____
Contact _____ Title _____
NFRC Certified? Yes No

(5.) _____
Address _____ City _____
State ____ Zip _____ — _____ Telephone (____) _____ Fax (____) _____
Contact _____ Title _____
NFRC Certified? Yes No

(6.) _____
Address _____ City _____
State ____ Zip _____ — _____ Telephone (____) _____ Fax (____) _____
Contact _____ Title _____
NFRC Certified? Yes No

(7.) _____
Address _____ City _____
State ____ Zip _____ — _____ Telephone (____) _____ Fax (____) _____
Contact _____ Title _____
NFRC Certified? Yes No

(8.) _____
Address _____ City _____
State ____ Zip _____ — _____ Telephone (____) _____ Fax (____) _____
Contact _____ Title _____
NFRC Certified? Yes No

