

**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 in the Hallmark Program.

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

(OVER)



(1.) Name of Applicant Firm \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_ Zip \_\_\_\_\_ — Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
By \_\_\_\_\_ Title \_\_\_\_\_  
NFRC Certified?     Yes         No

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

